# Alarm Permit Application

EXP. DATE _____

_____ _____

**SIGNATURE - OWNER OR RESPONSIBLE PERSON OF RESIDENCE OR BUSINESS** **EMAIL ADDRESS**

**Color Copy of Driver's License Required** _____

**It is the responsibility of the Permit Holder to renew the Alarm Permit prior to the expiration date. Alarm Permit renewals are due at least 10 days prior to the permit expiration. Reactivation fee is $30.00**

Please Print - Date of Application:_____ If new system, date alarm was installed:_____

Residence: _____ Business: _____ Other: _____ Type of Alarm: Burglar _____ Fire _____

**RESIDENTIAL PERMIT:**

Name: _____ Home Phone: _____
Last First Middle Cell Phone: _____
Work Phone: _____

Address: _____ **Greenville, TX** Zip Code: _____

Date of Birth: _____ Driver's License # _____ State: _____

Mailing Address (If Different From Above): Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

**BUSINESS PERMIT:**

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If Different From Above): Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Responsible Person (For Business): _____ Phone: _____

Owner of Business: _____ Phone: _____

**Burglar** Alarm Monitoring Company: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Representative: _____

**Fire** Alarm M. C. (If different from above): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Representative: _____

List, in order, at least two persons to be notified in case of alarm. Responding party must have access to site and knowledge of Alarm System and be able to respond within 20 minutes:

**1. Name** _____ (H) Phone: _____
Last First Middle

Home Address: _____ (C) Phone: _____

City: _____ State: _____ Zip Code: _____ (W) Phone: _____

Date of Birth: _____ Driver's License # _____ State: _____

**2. Name** _____ (H) Phone: _____
Last First Middle

Home Address: _____ (C) Phone: _____

City: _____ State: _____ Zip Code: _____ (W) Phone: _____

Date of Birth: _____ Driver's License # _____ State: _____

Please return to the Police Department, 3000 Lee Street with remittance for each alarm site, or make your check payable to the City of Greenville and mail to: Greenville Police Department, Alarm Permits, P. O. Box 1049, Greenville, Texas 75403-1049. Phone: 903.457.0508.
Email: greenvillepd@ci.greenville.tx.us FAX: 903.457.2928

First time applications are taken in person so fee can be prorated. **Renewal** Fees: Residential: $30.00 Business: $50.00

Department Use Only:

Lpmain # _____ Fee Receipt # _____ Amount Paid: _____

Atmain # _____ Desc: _____ Employee : _____

REV: 08 09 18