ALARM PERMIT APPLICATION

_____ New _____ Renewal _____ Residential _____ Commercial

PERMIT HOLDER NAME (list only 1 person) or NAME OF BUSINESS (For Commercial Permits)

_____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE OR ID NUMBER: _____STATE: _____

ALARM SITE ADDRESS: (include suite number, if applicable) This is your physical address of your residence or business (No P. O. Boxes) _____

IF MONITORED BY ALARM COMPANY:
ALARM COMPANY NAME: _____

ALARM COMPANY PHONE: _____

CONSENT TO ENTRY: _____YES _____NO

PRIMARY CONTACT NAME: _____PRIMARY PHONE: _____

SECONDARY CONTACT NAME: _____SECONDARY PHONE: _____

I have carefully read and completed the above application. By signing this application, I state that the information given is true to the best of my knowledge, I will comply with all the provisions of the City of Godley Code and with applicable State Laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system servicing the above premise. I agree that when notified by the city, I will respond or have a representative to respond to the site of the alarm to provide emergency personnel access, or to reset, or deactivate the alarm system.

APPLICANT'S SIGNATURE: _____ DATE: _____

_____

(Office use only)
PERMIT ISSUED ON: _____ The alarm permit will need to be renewed yearly.

APPROVED BY: _____ DATE: _____
RECEIVED BY GODLEY PD: _____ DATE: _____