City of Galena Park

APPLICATION FOR ALARM SYSTEM PERMIT

LICENSE#_____ DATE ISSUED_____

NAME OF BUSINESS_____
ADDRESS WHERE ALARM IS LOCATED_____
PHONE NUMBER:_____
OWNER'S NAME:_____
OWNER'S ADDRESS:_____
IS THE ALARM SYSTEM LOCAL:_____
IS THE ALARM SYSTEM DESIGNED TO GIVE NOTICE OF BURGLARY,HOLD-UP, BUILDING ENTRY/MOTION, OR THE TYPE OF EMERGENCY? PLEASE LIST:_____
_____
NAME OF PERSON OR ALARM SYSTEM BUSINESS WHO INSTALLED THE SYSTEM._____

_____
NAME AND TELEPHONE NUMBER OF **TWO 2** PERSONS WHICH ARE ABLE TO AND HAVE AGREED TO:

(a) To receive notification at any time:
(b) To come to the alarm site within one (1) hour after receiving a request from A member of the Galena Park Police Department to do so; and
(c) To grant access to the alarm site and to deactivate the alarm system if such becomes necessary; or

THE NAME AND TELEPHONE NUMBER OF AN ALARM SYSTEM BUSINESS WHICH IS ABLE AND HAS AGREED TO RECEIVE CALLS AT ANY TIME AND TO GIVE THE GALENA PARK POLICE DEPARTMENT THE NAMES OF PERSONS LISTED WITH THAT COMPANY AS SET OUT IN THE ORDINANCE ATTACHED.

1ST NAME:_____
PHONE NUMBER_____

2ND NAME:_____
PHONE NUMBER_____

I HEREBY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND WILL ABIDE BY THE ORDINANCE OF WHICH I HAVE RECEIVED A COPY,(ORDINANCE ATTACHED)

_____ _____
DATE APPLICANT

_____ _____
DATE ISSUED CITY SECRETARY