City of Lindale

Alarm Permit Application

PERMIT NO. _____ **DATE**_____

☐ **Burglary** ☐**Hold Up** ☐**Fire** ☐**Waterflow** ☐**Medical**

Name/Business _____

Street Address _____ **Phone No.**_____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Email: _____

Contact Information- 24 hours/day

Contact 1- Name _____

Phone No _____

Contact 2- Name _____

Phone No _____

Contact 3- Name _____

Phone No _____

Alarm Company Information

Name of Alarm Company _____ **Account No** _____

Address_____ **Phone No** _____

I understand it is my responsibility to provide Lindale Police Department with current information on contacts for my account.

Signature _____ **Date** _____