

# CITY OF COLLEYVILLE RESIDENTIAL/BUSINESS ALARM PERMIT APPLICATION

Please Check One

☐ New Permit

☐ Renewal Permit

☐ Permit Changes

## Physical Address of Alarm Site

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Zip Code: \_\_\_\_\_

## Residential Permit Holder

Last: \_\_\_\_\_

First: \_\_\_\_\_

## Name of Business

Name of Business: \_\_\_\_\_

## Billing Address

Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

## Phone Numbers

Home Phone: \_\_\_\_\_

Main Business Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Persons to Respond to Alarm

### First Person to Respond to Alarm

Name: \_\_\_\_\_ Key Holder: Yes ☐ No ☐

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Second Person to Respond to Alarm

Name: \_\_\_\_\_ Key Holder: Yes ☐ No ☐

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Third Person to Respond to Alarm

Name: \_\_\_\_\_ Key Holder: Yes ☐ No ☐

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Alarm Company

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please complete the application, include the **\$25.00** permit fee and mail to the following address:

**City of Colleyville Alarm Program | P.O. Box 140453, Irving, Texas 75014-0453**

I have carefully read the completed application and certify that the application is true and correct. I hereby agree that if a permit is issued, I will comply with all the provisions of Ordinance #O-11-1796 and applicable State Laws.

\_\_\_\_\_  
Signature of Permit Holder

\_\_\_\_\_  
Date of Application