

**CITY OF THE COLONY
ALARM PERMIT APPLICATION**

PLEASE PRINT OR TYPE

\$20.00 ANNUAL FEE

Business or Residence Name _____ Alarm Site Address _____

Resident or Business Manager: Home #: _____ Work #: _____

Person responsible for billing: _____ Phone #: _____

Address (if different): _____ Zip Code: _____

Type of Alarm: (1) Burglary Alarm (2) Robbery Alarm (3) Fire Alarm
(circle all that apply) (4) Water Flow Alarm (5) Medical Emergency Alarm

ALARM COMPANY:

Alarm Company Name _____ Telephone Number _____ Installation Date _____

CONTACT PERSONS:

These people who are to be contacted when the alarm is activated and police respond. List (3) people in priority order who we can contact regarding the alarm.

1.	_____	_____	_____	_____	_____
	Last Name	First Name	Home Number	Business Number	Other Number
2.	_____	_____	_____	_____	_____
	Last Name	First Name	Home Number	Business Number	Other Number
3.	_____	_____	_____	_____	_____
	Last Name	First Name	Home Number	Business Number	Other Number

I hereby certify that I am the owner or designated agent for the owner of the Alarm Site shown above and that the above information is true and correct. I understand that my alarm system is governed by City Ordinance #13-51 through 13-62 and its provisions. Further, it is my responsibility to notify The City of The Colony of any changes.

Application Date _____ Signature of Permit Holder _____

DO NOT WRITE BELOW THIS LINE

Permit Number: _____

Date Issued: _____

This application for an Alarm Permit is hereby

New: _____

APPROVED _____ DENIED _____

Renewal: _____

Chief of Police

\$20.00 Permit Fee Accepted by:

**THE COLONY POLICE DEPARTMENT
5151 NORTH COLONY BLVD.
THE COLONY, TX 75056-1219**

Name _____ Date _____

Receipt Number: _____