



GATESVILLE POLICE DEPARTMENT ALARM PERMIT APPLICATION

Date: _____

PERMIT HOLDER INFORMATION

Name: _____

Address: _____
Street City State Zip

State ID#: _____ DOB: ____/____/____ SS#: ____/____/____

Home Phone: () _____ Cell: () _____ Work: () _____

Application Type: () Residential (\$50.00) () Business/Commercial (\$100.00) () Government (\$0)

ALARM LOCATION INFORMATION

Business/Company Name: _____

Address: _____ Phone: () _____
Street City State Zip

Alarm Address: _____ Business Hrs: ____ To ____
Street City State Zip

Alarm Type: () Burglary () Panic/Holdup () Fire

Special Conditions/Hazards: _____

ALARM COMPANY

Name: _____

Address: _____ Phone: () _____
Street City State Zip

EMERGENCY CONTACTS (Persons to notify when alarm has been activated)

1. _____ Home: () _____ Cell: () _____

2. _____ Home: () _____ Cell: () _____

3. _____ Home: () _____ Cell: () _____

ACKNOWLEDGEMENT

I have read the completed application and represent the same to be true and correct. I accept responsibility for the payment of all fees and fines that may result from the operation of the alarm system described above. I also agree to notify the police department, in writing, within three (3) business days of any changes to this form.

X _____ / _____
Signature Printed Name