THE CITY OF EULESS

ALARM PERMIT APPLICATION

PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION

1. Permit holder-We must have the name, driver's license number, business address and telephone numbers (home & business) of the ***person*** who will be responsible for the alarm system. **A COMPANY NAME IS NOT ACCEPTABLE.**
2. Signature of *APPLICATION/PERMIT HOLDER* must be the signature of the ***person*** listed as the *PERMIT HOLDER*.
3. Please list all zip codes and area codes.
4. **Please list up to *THREE* people with access who can respond to the alarm within 30 minutes of police request.**
5. In the blank labeled "Address of Permit Holder" if the alarm site is a business, list the home address for the permit holder. If this is a residence, list the business address of the permit holder.

Name of Business or Name of Occupant			Date of Application
Address of Alarm Site	Zip Code		☐ Business ☐ Residential
Permit Holder (Person responsible for the Alarm System) Last First M.I.		Title (if any)	Driver's License #
Address of Permit Holder		Home Phone # of Permit Holder	
City State Zip Code		Business Phone # of Permit Holder	
		Cell Phone # of Permit Holder	
Primary Person to Respond to Alarm Last First M.I.		Home Phone	
		Business Phone	
		Cell Phone	
Second Person to Respond to Alarm Last First M.I.		Home Phone	
		Business Phone	
		Cell Phone	
Third Person to Respond to Alarm Last First M.I.		Home Phone	
		Business Phone	
		Cell Phone	
This Application is for : ☐ New Permit ☐ Renewal		If new owner date of purchase_____	
Type of Alarm (Check all that apply)	☐ Burglary ☐ Robbery ☐ Personal Hostage/Robbery		
Name of Alarm Company_____ Phone number: _____ Has there ever been another permit issued for this alarm site? ☐ Yes ☐ No ☐ Unknown If yes, list permit #_____			
OFFICE USE ONLY	Date received:	Received By:	
	Date Issued:	Permit #:	

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the Euless City Ordinance #1863 and applicable State Laws. I accept responsibility for all fees and fines that may result from the operation of the alarm system serving the above premises. If you qualify for the fee waiver, please submit a copy of your driver's license or include your date of birth. ____/____/____

Return to: Euless Police Department
Attn: Carla Voss
1102 W. Euless Blvd.
Euless, Texas 76040

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Signature of Applicant