

Residential Business New Permit Update

Account # _____



INSTRUCTIONS: Print legibly or type. Please check box if NO Changes to any information from previous year on form Or complete all application items. Complete a separate application for each address to be permitted. Attach payment and return to address shown at bottom of this form.

1 Alarmed Location

Occupant Name or Business Name _____

Address _____ Suite/Apt# _____

City _____ State _____ Zip _____ Phone Number _____ Email Address _____

2 Responsible Party (must be a person)

Name _____ Phn1 _____ H/W/C/O _____

Phn2 _____ H/W/C/O _____

Address _____ Phn3 _____ H/W/C/O _____

Phn4 _____ H/W/C/O _____

City _____ State _____ Zip _____ Date of Birth _____

3 Contact Names

Contact 1 _____ Phn1 _____ H/W/C/O _____

Name/Address _____ Phn2 _____ H/W/C/O _____

Contact 2 _____ Phn1 _____ H/W/C/O _____

Name/Address _____ Phn2 _____ H/W/C/O _____

4 Additional Information

Date Installed/Activated _____ Automatic Reset

Audible

Special Conditions/ Hazards _____

5 Alarm Companies Not Monitored System Type: Burglary / Robbery / Emergency / Fire / Other

Monitored By _____ Phn1 _____

Sold By _____ Phn1 _____

I have 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 Alarm Ordinance. I accept responsibility for payment of all fees and fines that may result from the operations of the alarm system servicing the above premises.

Signature (permit holder) _____ **Printed Name** _____ **Date** _____

Please Mail Completed Application to:
City of Longview Alarm Services
PO Box 842606
Dallas, TX 75284-2606

Check here if you would like correspondence and bills sent via email.