



# CITY OF LONGVIEW

## Application for Alarm Permit

Permit # _____
Exp. Date _____
<b>Office Use Only</b>

**Instructions:**

1. Print or type your responses
2. Unless otherwise indicated, the applicant must complete all areas of the application. Failure to provide required information may result in denial or postponement of the issuance or renewal of the alarm permit.
3. A separate application must be submitted, and an alarm permit obtained for each alarm site as defined by City Ordinance.

Type of application: \_\_\_\_\_New Permit      \_\_\_\_\_Permit Renewal      \_\_\_\_\_Change Information

\_\_\_\_\_  
Name of person or Business (In Which the Permit will be Held)

\_\_\_\_\_  
Telephone Number at Alarm Site

\_\_\_\_\_  
Street Address (At Alarm Site)

\_\_\_\_\_  
Apt/Suite #

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

Is the person listed above 65 years of age or older? Yes      No

If Yes: \_\_\_\_\_

\_\_\_\_\_  
Drivers License or I.D. No

\_\_\_\_\_  
State

**Please list at least two (2) persons who can respond within 30 minutes to the alarm site in case of an alarm activation or emergency. LIST IN ORDER OF PREFERENCE**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Alternate Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Alternate Number

\_\_\_\_\_  
Servicing Alarm Co:

\_\_\_\_\_  
Telephone Number

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

Type of Alarm System (Please Circle any that apply)

Burglar/Robbery/Duress panic/Silent/Audible Monitored/Audible Not Monitored/Direct Connect to Police Station

*By my signature below, I acknowledge that I have read the completed application and certify that the information provided is true and correct to the best of my knowledge. I hereby agree that if a permit is issued, I will comply with all the provision of Article IV of the Longview Code of Ordinances, Titled "Burglary and Robbery Alarms.: I accept responsibility for payment of all fees or charges and any criminal or civil action that might result from the operation of this alarm system.*

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*Signature of Applicant or Authorized Agent*

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*Date*

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*Printed Name of Applicant or Authorized Agent*

RETURN THIS APPLICATION ALONG WITH THE ONE TIME PERMIT FEE OF \$10.00\* TO:

Longview Police Department

P.O. Box 1952

Longview, TX 75606-1952

Attn: Records Division

Please make checks payable to City of Longview

\*There is no charge for citizens 65 or older on primary residence. Also, no charge if this is an update of