



**ALARM PERMIT APPLICATION**

**ALARM SITE INFORMATION:**

RESIDENT or BUSINESS NAME: \_\_\_\_\_  
 ALARM SITE ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_  
 ALARM SITE PHONE: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 DOGS ON PREMISES? YES \_\_\_\_\_ NO \_\_\_\_\_ GUNS ON PREMISES? YES \_\_\_\_\_ NO \_\_\_\_\_

**ALARM INFORMATION:**

LOCATION:             RESIDENTIAL             COMMERCIAL  
 ALARM TYPE:        BURGLARY             ROBBERY             BOTH  
 PD NOTIFIED BY:    ALARM CO             PHONE (DIRECT)    PANEL             OTHER

ALARM/ MONITORING COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_ ALARM CO. ACCT # \_\_\_\_\_  
 ALARM TYPE         AUDIBLE             SILENT

**BILLING INFORMATION:**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE#: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

ALTERNATE PHONE #S: \_\_\_\_\_

**CONTACT PERSONS:** Please list at least 3 persons with a 30 minute maximum response time.

**List persons in the order they are to be contacted.**

**#1 NAME:** \_\_\_\_\_ **#2 NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**HOME #:** \_\_\_\_\_ **HOME#:** \_\_\_\_\_  
**WORK#:** \_\_\_\_\_ **WORK#:** \_\_\_\_\_  
**CELL#:** \_\_\_\_\_ **CELL#:** \_\_\_\_\_

**#3 NAME:** \_\_\_\_\_ **#4 NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**HOME #:** \_\_\_\_\_ **HOME#:** \_\_\_\_\_  
**WORK#:** \_\_\_\_\_ **WORK#:** \_\_\_\_\_  
**CELL#:** \_\_\_\_\_ **CELL#:** \_\_\_\_\_

OFFICE USE ONLY

PERMIT #: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

ORIGINAL     DATA CHANGE     DELETE PERMIT     REISSUE PERMIT     SUSPENSION

**The alarm permit fees are \$25.00 for the first 2 years and \$15.00 for a 2 year renewal.  
 FOR QUESTIONS PLEASE CALL THE CITY OF ROCKLIN ALARM PROGRAM (866) 541-7626  
 Correspondence and checks should be mailed to: CITY OF ROCKLIN ALARM PROGRAM  
 PO BOX 140727 IRVING, TX. 75014-0727**