



**BROWNSVILLE POLICE
DEPARTMENT**
APPLICATION FOR ALARM PERMIT
600 EAST JACKSON STREET
BROWNSVILLE, TEXAS 78520
PHONE: (956) 548-7033
FAX: (956) 548-7115

Type of Alarm: Residence <input type="checkbox"/> Business <input type="checkbox"/>
For Departmental Use Only Permit No.: _____ Issue Date: _____ Receipt No.: _____

please print all information legibly

1. OWNER OF PREMISES INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME MAILING ADDRESS:	CITY:	STATE: PRIMARY PHONE NUMBER:

2. RESIDENCE ALARM SITE INFORMATION

NAME OF PERSON LIVING AT LOCATION:	PRIMARY PHONE NUMBER:		
PHYSICAL ADDRESS / LOCATION / DIRECTIONS:			
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

3. BUSINESS ALARM SITE INFORMATION

BUSINESS NAME:	BUSINESS PHONE NUMBER:		
PHYSICAL ADDRESS / LOCATION / DIRECTIONS:			
MAILING ADDRESS:	CITY:	STATE:	ZIP:
NATURE OF BUSINESS:	BUSINESS HOURS:		
DESCRIPTION OF PROTECTED PREMISES:			

4. INFORMATION OF EACH RESPONSIBLE PERSON IN CONTROL OF PREMISES

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME ADDRESS:	CITY:	STATE: PRIMARY PHONE NUMBER:
LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME ADDRESS:	CITY:	STATE: PRIMARY PHONE NUMBER:
LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME ADDRESS:	CITY:	STATE: PRIMARY PHONE NUMBER:

5. ALARM COMPANY INFORMATION

NAME OF COMPANY:	BUSINESS PHONE NUMBER:	
BUSINESS ADDRESS:	CITY:	STATE:
MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS):	CITY:	STATE:

I hereby affirm that the above information is true to the best of my knowledge and further affirm that the alarm system for which this permit is being applied does not violate City Ordinance No. 89-1195.

APPLICANT SIGNATURE

DATE