

CITY OF SUGAR LAND  
ALARM PERMIT APPLICATION

ALARM LOCATION

BUSINESS OR RESIDENCE NAME: \_\_\_\_\_

STREET NUMBERS: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

SUBDIVISION OR BUSINESS CENTER: \_\_\_\_\_

OCCUPANT OR RESPONSIBLE PROPERTY OWNER / MANAGER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

LIST THE NAMES AND TELEPHONE NUMBERS OF TWO PERSONS OR OF AN ALARM SYSTEM BUSINESS WHICH ARE ABLE TO AND HAVE AGREED:

- A) TO RECEIVE NOTIFICATION AT ANY TIME;
- B) TO RESPOND TO THE ALARM SITE WITHIN ONE AND ONE HALF HOURS OF NOTIFICATION BY THE POLICE DEPARTMENT OR ALARM COMPANY;
- C) TO GRANT ACCESS TO PREMISES AND DEACTIVATE THE ALARM IF REQUIRED.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF ALARM SYSTEM

FIRE ALARM

INTRUSION ALARM

HOLD UP ALARM

EMS ALARM

FEES

RESIDENTIAL: \$ 10.00

BUSINESS: \$ 25.00

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

-----DO NOT WRITE BELOW THIS LINE-----

PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

ISSUED BY: \_\_\_\_\_