



Alarm Registration Application

Development Services Department
PO Box 129, Justin, TX 76247
Email: permits@cityofjustin.com
940-648-2541 Ext. 122

<i>Office use only</i>	
Alarm ID #:	_____
Receipt #:	_____
Date Issued:	_____
Expiration Date:	_____

Type of Application: NEW PERMIT
 RENEWAL (If renewal, current permit #: _____)

Type of Permit: Residential (\$15)
 Commercial (\$25)

Alarm Location Information

Alarm Location Address: _____

Occupant/Property Owner Information

Occupant or Business Name:	Occupant or Business Phone Number:
----------------------------	------------------------------------

Owner's Name (If occupant is not the owner):	Occupant/Owner's Email Address
--	--------------------------------

Owner's Address:	Owner's Phone Number:
------------------	-----------------------

Names, Address, and Phone Numbers of two (2) persons to notify if the permit holder is unavailable (required):

*Note that the person(s) must be an authorized representative who can be notified by the police department, in the event of an activation of the alarm system, who shall be capable of responding to the premises within one hour and who is authorized and able to enter the premises.

Name:	Phone Number:
-------	---------------

Address: _____

Name:	Phone Number:
-------	---------------

Address: _____

Name, Address, Phone of the person/company to render service or repair

Name:	Phone Number:
-------	---------------

Address: _____

Name, Address, Phone of the agency/company providing the burglar or fire alarm protection service

Name:	Phone Number:
-------	---------------

Address: _____

I, the undersigned, do hereby certify that I am the Owner/Authorized Agent of the property above described on the date of this application.

Signature of Applicant: _____ Date: _____

Office Use Only
Form Received By: _____ Date Received: _____ Date Approved: _____ Date Paid: _____