



415 N. College Ave
Justin, Texas 76247
(940) 648-2541

City of Justin Alarm Registration Application

Reference #: _____

Expiration Date: _____

Occupant of Premises

Occupant Name _____

Occupant Address _____

Occupant Phone # _____

Owner of Premises

Owner Name _____

Owner Address _____

Owner Phone # _____

Responsible Party

Responsible Party Name _____

Responsible Party Phone # _____

Date of Birth _____

Responsible Party Address _____

Responsible Party Email _____

Driver's License No. _____

Someone to notify to render service or repair during the day or night if needed	Agency providing the burglar or fire alarm protection service
Occupant Name _____	Agency Name _____
Occupant Address _____	Agency Address _____
Occupant Phone # _____	Agency Phone # _____

Two persons to notify in case the alarm is activated. These people must agree and be able to receive notification at any time, come to the site within an hour of notification from the police department, be able to deactivate the alarm and grant access to the premises.

Name _____

Address _____

Telephone # _____

Name _____

Address _____

Telephone # _____

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

Signature of Applicant _____ Date _____

Fee: \$ _____	<u>Permit Official</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Signature of Permit Official _____	Comments _____		

****FOR OFFICE USE ONLY****

Received By _____	Date Received _____	Date Approved _____
Date Paid _____	<input type="checkbox"/> Cash	<input type="checkbox"/> CC
	<input type="checkbox"/> Check #(s): _____	