



# City of Justin Police Department

## Application for Registration of Burglar and Fire Alarm - 2015

415 N. College Ave.  
P.O. Box 129  
Justin, Texas 76247  
(940) 648-2541

Check all that apply:  New Application  Residential Fee \$15.00  Renewal  Commercial Fee \$25.00

### Alarm Location Information (Person or Business occupying address at alarm location.)

Name or Resident or Business \_\_\_\_\_ Phone # \_\_\_\_\_

Alarm Location Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Permit Holder Information (Person responsible for responding to alarms and giving access to the alarm site and who is responsible for proper maintenance and operation of the alarm system and payment of fees.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business # \_\_\_\_\_ Mobile # \_\_\_\_\_

Alarm Location Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Permit Holder's Drivers License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

If Mailing Address is not the Alarm Location, provide complete Address, City, State and Zip

### Emergency Contact Information (Additional person(s) who is able to respond to alarms within an hour of notification from the Police Department, be able to deactivate the alarm and grant access to the premises.)

#1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home # \_\_\_\_\_ Mobile # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

#2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home # \_\_\_\_\_ Mobile # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Person to Render Service or Repairs (Person responsible for service or repairs during any hour of the day or night)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home # \_\_\_\_\_ Mobile # \_\_\_\_\_

### Monitoring Company (Agency providing the burglar or fire alarm protection service.)

Monitoring Company Name \_\_\_\_\_ Business # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Type of Alarm:  Burglary  Hold  Fire Alert Tone:  Silent  Audible  Both

**\*\*FOR DEPARTMENT USE ONLY\*\***

Today's Date: \_\_\_\_\_ Paid Thru: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check/Cash: \_\_\_\_\_ Permit #: \_\_\_\_\_