

CITY OF SEGUIN
Alarm System Permit Application

City Account #

Date of Application: ___/___/____ Expiration Date: 12/31/____
Type of Alarm: Residential Commercial

Permit Holder:

Business Name: _____

Last Name: _____ First Name: _____

Street Address: _____ City _____ State _____ Zip _____

Residence Phone#:()____-____ Business Phone#:()____-____

Alternate Phone#: ()____-____

RESET TIME _____ **minutes**

Alarm Device Type: Hold-Up Intrusion Fire Panic *Medical

*If medical, briefly state nature of condition:

ALARM COMPANY: _____ **PHONE#** _____

IN CASE OF ALARM ACTIVATION: (**3 contacts must be provided**)

LIST PEOPLE WITH ACCESS TO PREMISES THAT WE MAY CALL:

1) Name: _____

Address: _____ Residence Phone#: ()____-____

Business Phone#: ()____-____ Cell Phone#: ()____-____

2) Name: _____

Address: _____ Residence Phone#: ()____-____

Business Phone#: ()____-____ Cell Phone#: ()____-____

3) Name: _____

Address: _____ Residence Phone#: ()____-____

Business Phone#: ()____-____ Cell Phone#: ()____-____

INFORMATION ABOUT YOUR PROPERTY: (such as dogs in yard, armed guard on duty, etc.)

INSTRUCTIONS: Type or print this application. Complete ALL blocks, and return it to City of Seguin, Police Records Dept., 350 N. Guadalupe St., Seguin, TX 78155, with your check made payable to the "City of Seguin". **Annual residential alarm permit fee is \$15. Annual commercial alarm permit fee is \$25.** Alarm permits are renewable 30 days prior to the expiration date on the top of this application.

Receipt: (for office use only)	Date of Payment:	Amount:
Received By:	Payment Type: CASH / CHECK / CREDIT	Check#:

Original: Alarm Permit Holder

2nd copy: Police Dispatch

3rd copy: Finance