



# Travis County Alarm Application

Please fill in the appropriate responses and mail with payment to **TCSO Alarm Unit, PO Box 1748, Austin, TX 78767**. Payment can be made in the form of money order, personal or business check, payable to **Travis County Sheriff's Office**. **All areas must be completed:**

|  |                            |  |
|--|----------------------------|--|
|  | <b>Type of Application</b> | <input type="checkbox"/> New Permit<br><input type="checkbox"/> Renewal<br><input type="checkbox"/> Change of Information          |
|  | <b>Type of Permit</b>      | <input type="checkbox"/> Residential \$25-\$30<br><input type="checkbox"/> Business \$50   |
|  | <b>Type of Alarm</b>       | <input type="checkbox"/> Standard Burglar<br><input type="checkbox"/> Silent Robbery<br><input type="checkbox"/> Medical Emergency |

|  |          |
|--|----------|
| <b>Address of Alarm Site</b>   |          |
| <b>Mailing Address if Different</b>  |          |
| <b>Business Name</b>   |          |
| List the name of your alarm company and two persons who will come to your residence if needed by law enforcement |          |
| <b>Alarm Company</b>   |          |
| <b>Alarm Company Address</b>   | Address: |
|  | Phone:   |
| <b>1st Contact</b>   | Name:    |
|  | Phone:   |
| <b>2nd Contact</b>   | Name:    |
|  | Phone:   |
| List address, phone and drivers license numbers for the person who is responsible for the alarm at the location  |          |
| <b>Person Responsible</b>  |          |
| <b>Phone:</b>  |          |
| <b>Drivers License Number</b>  |          |

By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date