



BROWNSVILLE POLICE DEPARTMENT APPLICATION FOR ALARM PERMIT

600 EAST JACKSON STREET
BROWNSVILLE, TEXAS 78520
PHONE: (956) 548-7033
FAX: (956) 548-7115

For Departmental Use Only

Type of Alarm: _____

Permit No: _____

Issue Date: _____

PLEASE PRINT ALL INFORMATION LEGIBLY

1. OWNER OF PREMISES INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

HOME MAILING ADDRESS: _____ CITY: _____ STATE: _____ PRIMARY PHONE NUMBER: _____

2. RESIDENCE ALARM SITE INFORMATION

NAME OF THE PERSON LIVING AT LOCATION: _____ PRIMARY PHONE NUMBER: _____

PHYSICAL ADDRESS/LOCATION/DIRECTIONS: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

3. BUSINESS ALARM SITE INFORMATION

BUSINESS NAME: _____ BUSINESS PHONE NUMBER: _____

PHYSICAL ADDRESS/LOCATION/DIRECTIONS: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

NATURE OF BUSINESS: _____ BUSINESS HOURS: _____

DESCRIPTION OF PROTECTED PREMISES: _____

4. INFORMATION OF EACH RESPONSIBLE PERSON IN CONTROL OF PREMISES

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ PRIMARY PHONE NUMBER: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ PRIMARY PHONE NUMBER: _____

5. ALARM COMPANY INFORMATION

NAME OF COMPANY: _____ BUSINESS PHONE NUMBER: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____

MAILING ADDRESS: (If different from business address) _____ CITY: _____ STATE: _____

I hereby affirm that the above information is true to the best of my knowledge and further affirm that the alarm systems for which the permit is being applied does not violate City Ordinance No. 89.1195.

Applicant Signature

Date