

**ALARM PERMIT
CITY OF IOWA PARK
POLICE DEPARTMENT**

PLEASE FILL IN ALL INFORMATION LEGIBLY

(Depart Use Only)# _____

Date: _____

Name (Individual or Business): _____

Mailing Address: _____ Phone Number: _____

Alarm Address (If different from above): _____

Name of Alarm Company: _____

Address of Alarm Company: _____ Phone Number: _____

TYPE OF ALARM

Local (bell, siren) Monitored Motion Door Contacts Other

Manufacturer: _____

Emergency contacts: (3 required who can disengage/reset alarm):

Name	Address	Phone Number
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1. _____

2. _____

3. _____

I have read the CITY OF IOWA PARK Alarm Ordinance and agree to abide by regulations set forth.

Signature

Note: Attach permit fee (\$25.00 commercial, \$10.00 residential, or \$5.00 renewal) and submit to the Iowa Park Police Department. Your alarm permit will expire December 31st of each year. A renewal will be sent out.

Date Approved: _____ Chief of Police: _____