Permit #

## APPLICATION FOR ALARM PERMIT

Approved by:

#### PFLUGERVILLE POLICE DEPARTMENT

1611 E DEENNIG LA DO ROY 670

Application Date:	Issue Date:	Expiration Date:
Alarm Information		
Location/Alarm Site: (Address where	e alarm is located. If business include business nam	Type:
Alarm Company:	Admin Ph#	Monitoring Site Ph#
Date Installed:	Purpose:	Audible or Silent Knox Box?
	(Burglary, Robbery, Fir	re, Medical) (circle 1 or both) (see attached)
Permittee Information		
Name:	Spouse:	
(If business, put business na		
Home Address:		
	Spouse's:	
Home Ph #	Business Ph#	Spouse Business Ph#
Alternate #	Spouse's	s Alternate #
-		
Contact Information -		
Contact Information - that they must come to the A	darm Site within 30 minutes of receiving	o receive, and who have agreed to receive, notification the notification from responding emergency personnel
Contact Information - that they must come to the A	larm Site within 30 minutes of receiving	the notification from responding emergency personnel
Contact Information - that they must come to the A Name: Home Address:	larm Site within 30 minutes of receiving	the notification from responding emergency personnel
Contact Information - that they must come to the A Name: Home Address: Business Address:	larm Site within 30 minutes of receiving	the notification from responding emergency personnel
Contact Information - that they must come to the A Name: Home Address: Business Address: Home Ph #	larm Site within 30 minutes of receiving  Business Ph #	the notification from responding emergency personnel  Alternate Ph #
Contact Information - that they must come to the A Name: Home Address: Business Address: Home Ph # Name:	larm Site within 30 minutes of receiving  Business Ph #	the notification from responding emergency personnel  Alternate Ph #
Contact Information - that they must come to the A Name: Home Address: Business Address: Home Ph # Name: Home Address:	larm Site within 30 minutes of receiving  Business Ph #	the notification from responding emergency personnel  Alternate Ph #

- A non-refundable fee of \$10 must be paid at the time of application for the permit for each Alarm System.
- The permittee must notify the Chief of Police of any change of information contained herein within 5 days of the change.
- The permit is not assignable or transferable to another person.
- The permit is valid to December 31 of each year.
- The application may be denied or revoked if there is a false statement on the application, the Permittee has violated any provision of the Alarm Permit Ordinance, or the Permittee is delinquent in payment of fees for False Alarm Notifications assessed under Section 4.02 of the Alarm Permit Ordinance. A permit may be denied for Alarms or Alarm Systems that are not in compliance with: Article 5.33A, Section 6(a)(2) of the Texas Insurance Code.
- False Alarm Fee is \$25 subject to conditions indicated in the Alarm Permit Ordinance.
- The Chief may cancel an alarm permit for non-renewal after providing at least 30 days notice.
- The Pflugerville Police Department will not respond to Alarm Notifications if Permittee fails to pay False Alarm Fees or if a Permit is not approved for that Alarm System.

# Instructions PPD-90 Application for Alarm Permit

**Permit Number**: To be completed by PPD. **Approved By**: To be completed by PPD.

**Application Date**: The date the application is completed.

Issue Date: To be completed by PPD.

**Expiration Date**: To be completed by PPD.

### **Alarm Information**

Location/Alarm Site: The residence address (or the name and address of the business) where the alarm system is installed.

Type: Residential, commercial or banking institution.

Alarm Company: Name of the company that monitors the alarm system.

Admin Ph#: The administrative or business phone number to the alarm company which monitors the alarm.

Monitoring Site Ph#: The phone number to the alarm company where the monitoring is taking place (the people who call us). This is normally an 800 number and is usually not the same as the business number.

Date Installed: Date the system was installed. If exact date is unknown, as close as possible. We must have at least the year.

**Purpose**: Fill in or circle the appropriate purpose(s) for the alarm as indicated below the blank.

Audible or Silent: Circle one or both.

Knox Box: Y (yes) or N (no) indicating whether or not a knox box has been installed.

### **Permittee Information**

Name: Permittee's name (company name if a business alarm site).

Spouse: Permittee's spouse's name. If a business alarm site, leave blank.

Home Address: Permittee's home address (not always the same as the alarm site). If a business alarm site, leave blank.

**Business Address**: Business address of the permittee whether residential or business alarm site. A business may have a business office in a separate location. Usually that business office address will be used here.

**Spouse's**: Spouse's business address. If a business alarm site, leave blank.

Home Ph#: The Permittee's home phone number. If a business alarm site, leave blank.

**Business Ph#**: The Permittee's business phone whether it is a residential or business alarm site. A business may have a business office in a separate location. Usually, that business office address will be used here.

Spouse Business Ph#: Spouse's business phone number. If a business alarm site, leave blank.

Alternate #: Alternate phone number or pager number for the Permittee. If a business, this could be a second business phone.

Spouse's Alternate #: Alternate phone or pager number for the Permittee's spouse. If a business alarm site, leave blank.

### **Contact Information**

Name: The name of the first emergency contact.

Home Address: The address of the first emergency contact.

Business Address: The business address of the first emergency contact.

Home Ph#: The home phone number of the first emergency contact.

Business Ph#: The business phone number of the first emergency contact.

Alternate Ph#: An alternate phone number of pager number of the second emergency contact.

Name: The name of the second emergency contact.

**Home Address**: The address of the second emergency contact.

Business Address: The business address of the second emergency contact.

**Home Ph#**: The home phone number of the second emergency contact.

Business Ph#: The business phone number of the second emergency contact.

Alternate Ph#: An alternate phone number of pager number of the second emergency contact.		