



**City of Laredo
Tax Department**

ALARM SYSTEM PERMIT APPLICATION

For Office Use Only:

PERMIT# _____

City Ordinance # 2001-O-050 requires all alarm systems to be registered with the City of Laredo. A non-refundable fee per year is required by this ordinance. Please note that the alarm permit can not be transferred to another person or location. It is the permit holder's responsibility to post the permit and to renew before the expiration date. For more information, a complete copy of the city ordinance will be available upon request.

PLEASE PRINT

1. Residential Owner **Or** Business Name: _____
2. Location Address: _____ Zip Code _____
3. Mailing Address: _____ Zip Code _____
4. Business Phone: _____ Home Phone: _____
5. Work Phone: _____ Cell Phone: _____
6. Is any one at this location 65 years of age or over: Yes No
If yes, then customer will be exempt of fees. Please send a copy of a photo ID that shows proof of age along with application. If address on ID doesn't match location registered, additional documentation is required: Medicare, Social Security, or any other correspondence that verifies that the location registered is the customer's homestead.

ID or
Driver's
Lic #:

D.O.B.

(*Exemption for Over 65 applies only on your homestead and does not apply to commercial locations.***)**

7. Alarm Company: _____ Phone: _____
8. Type of Permit: (Check One) Residential Commercial
9. Type of Alarm System Installed:
A. Burglary Alarm System (no panic buttons activated) \$15.00 _____
B. Panic / Fire / 911 / Medical Alert Systems \$30.00 _____

***** Please send alarm payment with application to:*****

City Hall Annex - Tax Department
P.O. Box 6548 / 1102 Bob Bullock
Laredo, Texas 78042-6548
Tel# (956) 727-6414 / Fax# (956) 727-6410

**Note: This is an
annual fee.**

DESIGNATED PEOPLE TO NOTIFY IF ALARM ACTIVATED

1. Name: _____ Title/Relation _____
Address: _____ Phone (H) _____ (W) _____ (C) _____
2. Name: _____ Title/Relation _____
Address: _____ Phone (H) _____ (W) _____ (C) _____
3. Name: _____ Title/Relation _____
Address: _____ Phone (H) _____ (W) _____ (C) _____

Signature _____

I acknowledge that if the Police or Fire Department reports false calls, the City Of Laredo- Tax Department will change my account to assess actual Permit and annual fees based on type of Alarm System Installed. **Please initial** _____.