



# APPLICATION FOR ALARM PERMIT

PFLUGERVILLE POLICE DEPARTMENT

P.O. BOX 679

PFLUGERVILLE, TEXAS 78691-0679



This form may only be submitted from Firefox or IE. If you fill out this form in Google Chrome, please fax or mail.

Permit# _____	(FOR OFFICE USE ONLY)	Approved by: _____
Application Date: _____	Issue Date: _____	Expiration Date: _____

- The permittee must notify the Chief of Police of any changes 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<sup>st</sup> 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 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.

## Alarm Information

Location / Alarm Site: _____ <small>(Address where alarm is located. If business include business name)</small>	Type: _____ <small>(Residential, Commercial, Banking Institute)</small>	
Alarm Company: _____	Admin Ph#: _____	Monitoring Site Ph#: _____
Date Installed: _____	Purpose: <input type="checkbox"/> Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Audible <input type="checkbox"/> Knox Box: _____ <input type="checkbox"/> Fire <input type="checkbox"/> Medical <input type="checkbox"/> Silent <small>(See Attached)</small>	

## Permittee Information

Name: _____ <small>(If business, put business name)</small>	Contact Name: _____ <small>(If business, put name of contact representative)</small>	
Address: _____		
Home Ph#: _____	Work Ph#: _____	Cell Ph#: _____
E-mail: _____		
Would you like to sign up for renewal notification? If yes, check all that apply: <input type="checkbox"/> E-Mail <input type="checkbox"/> Text Message		

**Contact Information** - List two additional persons authorized by the permittee to receive, and who have agreed to receive, notification that they must come to the Alarm Site within 30 minutes of receiving the notification from responding emergency personnel.

Name: _____		
Address: _____		
Home Ph#: _____	Work Ph#: _____	Cell Ph#: _____
E-mail: _____		
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Name: _____		
Address: _____		
Home Ph#: _____	Work Ph#: _____	Cell Ph#: _____
E-mail: _____		