

CITY OF COLLEYVILLE BUSINESS ALARM PERMIT APPLICATION

New Permit

Renewal Permit

Permit Changes

Please Check One

Physical Address of Alarm Site

Address: _____

Phone: _____

Zip Code: _____

Name of Business

Name of Business: _____

Billing Address

Address: _____

Suite # _____

City: _____

State: _____

Zip Code _____

Phone Numbers

Main Business Number: _____

Alternate Number: _____

Persons to Respond to Alarm

First Person to Respond to Alarm

Name: _____

Key Holder: Yes No

Home Phone: _____

Bus. Phone: _____

Cell Phone: _____

Second Person to Respond to Alarm

Name: _____

Key Holder: Yes No

Home Phone: _____

Bus. Phone: _____

Cell Phone: _____

Third Person to Respond to Alarm

Name: _____

Key Holder: Yes No

Home Phone: _____

Bus. Phone: _____

Cell Phone: _____

Alarm Company

Name: _____

Phone: _____

Address: _____

City _____

State _____

Zip Code: _____

Please complete the application, include the **\$25.00** permit fee and mail to the following address:

COLLEYVILLE POLICE DEPT: 5201 Riverwalk Dr. Colleyville, TX 76034.

I have carefully read the complete application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all the provisions of Ordinance #0-05-1544 and applicable State Laws. I accept responsibility for payment of all fees and fines resulting from the operation of the alarm system serving the above business.

Signature of Permit Holder

Date of Application