

CITY OF COLLEYVILLE RESIDENTIAL/BUSINESS ALARM PERMIT APPLICATION

Please Check One

New Permit

Renewal Permit

Permit Changes

Physical Address of Alarm Site

Address: _____

Phone: _____

Zip Code: _____

Residential Permit Holder

Last: _____

First: _____

Name of Business

Name of Business: _____

Billing Address

Address: _____ Suite # _____

City: _____

State: _____

Zip Code: _____

Phone Numbers

Home Phone: _____

Main Business Number: _____

Cell Phone: _____

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:
City of Colleyville Alarm Program | P.O. Box 140453, Irving, Texas 75014-0453

I have carefully read the completed application and certify that the application is true and correct. I hereby agree that if a permit is issued, I will comply with all the provisions of Ordinance #O-11-1796 and applicable State Laws.

Signature of Permit Holder

Date of Application