



PERMIT NUMBER: _____

APPLICATION FOR BURGLAR / ROBBERY / FIRE ALARM SYSTEM

APPLICANT'S NAME: _____

SERVICE ADDRESS: _____

BUSINESS PHONE: _____ HOME/CELL PHONE: _____

SECURITY COMPANY: _____

PHONE: _____

RENEWAL WITH CHANGES

RENEWAL WITH NO CHANGES

PREMISES INFORMATION:

TYPE OF PREMISES: RESIDENCE

COMMERCIAL

TYPE OF ALARM: BURGLAR

ROBBERY

MEDICAL

FIRE

IN CASE OF ALARM ACTIVATION: List name(s) of person(s) with access to premises in the order in which the Police Department may contact.

FIRST PERSON TO CALL: Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

NEXT PERSON TO CALL: Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

DIRECT ALARM CALLS TO: Comal County Sheriff's Office Communication at 1-830-609-3921

Ordinance 53 allows three (3) false alarm responses per year free; all false alarms exceeding three (3) per year will be billed to the customer at the rate of \$50.00 per response.

I, the undersigned, do hereby certify that the above statements are true and correct. I understand that this form constitutes only an application for a permit for a burglar, robbery, medical, or fire alarm system and that the permit, if issued, is revocable for cause.

Date: _____ Signature: _____

INITIAL PERMIT FEE: \$25.00 DATE PAID/RENEWED: _____

RENEWALS: \$0 RECEIVED BY: _____