

City of Galena Park

APPLICATION FOR ALARM SYSTEM PERMIT

LICENSE# _____

DATE ISSUED _____

NAME OF BUSINESS _____

ADDRESS WHERE ALARM IS LOCATED _____

PHONE NUMBER: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

IS THE ALARM SYSTEM LOCAL: _____

IS THE ALARM SYSTEM DESIGNED TO GIVE NOTICE OF BURGLARY, HOLD-UP, BUILDING ENTRY/MOTION, OR THE TYPE OF EMERGENCY? PLEASE LIST: _____

NAME OF PERSON OR ALARM SYSTEM BUSINESS WHO INSTALLED THE SYSTEM. _____

NAME AND TELEPHONE NUMBER OF **TWO 2** PERSONS WHICH ARE ABLE TO AND HAVE AGREED TO:

- (a) To receive notification at any time:
- (b) To come to the alarm site within one (1) hour after receiving a request from A member of the Galena Park Police Department to do so; and
- (c) To grant access to the alarm site and to deactivate the alarm system if such becomes necessary; or

THE NAME AND TELEPHONE NUMBER OF AN ALARM SYSTEM BUSINESS WHICH IS ABLE AND HAS AGREED TO RECEIVE CALLS AT ANY TIME AND TO GIVE THE GALENA PARK POLICE DEPARTMENT THE NAMES OF PERSONS LISTED WITH THAT COMPANY AS SET OUT IN THE ORDINANCE ATTACHED.

1ST NAME: _____

PHONE NUMBER _____

2ND NAME: _____

PHONE NUMBER _____

I HEREBY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND WILL ABIDE BY THE ORDINANCE OF WHICH I HAVE RECEIVED A COPY, (ORDINANCE ATTACHED)

DATE

APPLICANT

DATE ISSUED

CITY SECRETARY