



(City Ordinance Section 18-161-17)

ALARM SYSTEM PERMIT APPLICATION

Jersey Village Police Department

16401 Lakeview Dr., Jersey Village, TX 77040

www.jerseyvillagepd.org

FOR OFFICE USE ONLY

RECEIVED BY:
DATE:

PLEASE CHECK PERTINENT BOXES

<input type="checkbox"/> Resident Permit	<input type="checkbox"/> NEW \$25.00	<input type="checkbox"/> Commercial Permit	<input type="checkbox"/> NEW \$50.00
	<input type="checkbox"/> RENEWAL \$15.00		<input type="checkbox"/> RENEWAL \$30.00

\$30.00 CHARGED FOR EACH RESPONSE TO A FALSE ALARM IN EXCESS OF TWO (2) FALSE ALARMS WITHIN A ONE (1) MONTH PERIOD.

APPLICANT INFO	RESIDENT FULL NAME (Last, First Middle) or BUSINESS NAME		
	NAME OF RESPONSIBLE PARTY FOR THE ALARM SYSTEM (Last, First, Middle)		
	ADDRESS (Address, Street) (P.O. Boxes are not Acceptable)		SUITE #
	GATE CODE:		
	ALARM PREMISES PHONE NUMBER	ALTERNATE PHONE NUMBER	Email Address:
BILLING ADDRESS (If different from above) (Address, Street, City, State, Zip)			

EMERGENCY CONTACT INFO	In an emergency response the responsible party listed above will be the first person contacted. If the responsible party cannot be reached, we will contact the person(s) listed below. You must list two other responsible parties who will respond to the alarm location within 45 minutes of the alarm activation, if requested to do so. The two individuals must have the ability to reset or deactivate the alarm system.		
	CONTACT NAME #1 (Last, First, Middle)		
	HOME PHONE NUMBER	BUSINESS PHONE NUMBER	CELL PHONE NUMBER
	CONTACT NAME #2 (Last, First, Middle)		
	HOME PHONE NUMBER	BUSINESS PHONE NUMBER	CELL PHONE NUMBER

ALARM CO	NAME OF ALARM COMPANY	PHONE NUMBER
	ADDRESS (Address, Street, City, State, Zip)	

ALARM INFORMATION	Type of alarm: <input type="checkbox"/> Burglary <input type="checkbox"/> Fire <input type="checkbox"/> Both	Do you have a video security System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your system record? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What type of coverage does it provide? <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Both	Are you willing to share this video with law enforcement to help solve a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are there any dogs at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	If dogs, where are they? <input type="checkbox"/> Inside <input type="checkbox"/> Outside	Please describe the dog(s):

RETURN APPLICATION AND PAYMENT

TO:

JERSEY VILLAGE POLICE DEPARTMENT
16401 Lakeview Dr.
Jersey Village, TX 77040

DECLARATION

"I declare that the above information is correct to the best of my knowledge. I am aware of the City of Jersey Village ordinance for alarm applications and annual renewal requirements. I understand that unpaid or excessive false alarm contacts will result in a fee"

SIGNATURE OF APPLICANT

DATE

Make checks payable to "City of Jersey Village"