Arlington Police Department • Burglar Alarm Permit Application • Residential

Application will not be processed without an attached check or money order for \$50.00, made payable to the City of Arlington. Persons 65 + do not have to pay the permit fee if the permit address is their primary residence. The permit becomes effective on the date the Police Department receives your completed application, and will be mailed to the Billing Address you provide. Please print your information clearly.

By Mail:

Alarm Office 04-0101 Arlington Police Department Post Office Box 1065 Arlington TX 76004-1065

In Person:

OR

Alarm Office Arlington Police Department 620 W. Division Street Arlington TX 76011

Billing Address you provide. Please print your information clearly.					817-459-6472
·					
Individual Permit For: ☐Single Family Dwelling ☐Apartment ☐Duplex ☐Mobile Hol					Type: ☐New ☐Renewal
Street Address to be Permitted		Apt. #	Arlington	Zip Code	Home Phone
Applicant's Full Name		Date of Birth		Texas Driver's License or State ID #	
Home Address (if different from permit address)	City & Sta			Zip Code	Date Moved to Permit Address
Billing Address (if different from permit address)	ent from permit address) Ci			Zip Code	E-Mail
NOTE: All correspondence will be mailed to the Billing Address.					
A. Name of Person to Contact in an Emergency			Home Phone		Business Phone
B. Name of Person to Contact in an Emergency			Home Phone		Business Phone
C. Name of Person to Contact in an Emergency			Home Phone		Business Phone
Alarm Company Name	Address (include city and zip			de)	Phone
Pets: Number and Type Inside Pets: Number an				and Type Outside	
Any Other Pertinent Information About the Location					
Confidentiality. Alarm system locations, types of systems, and the names of occupants at permitted locations are confidential information. The Police Department cannot disclose this information to others. See Section 1702.284 of the Texas Occupations Code for further information.					
"The information contained in this application is true and correct as of the date of this application. I will inform the Police Department promptly of any changes. I shall comply with all provisions of the Alarms Chapter of the Code of the City of Arlington and all applicable laws of the State of Texas. I accept responsibility for all fines and fees that may result from the operation of the alarm system for the premises named in this application, and shall pay all costs, expenses, and attorney's fees incurred or paid by the City of Arlington for the collection of such fines or fees."					
Applicant's Signature	Applica	ant's Nam	e Printed		Date Signed
For Office Use Only					
Date Received/Issued Expiration Date Permit #					