



# City of Saginaw False Alarm Reduction Program

P.O. Box 141598, Irving, TX 75014, Phone: 1-877-356-7607

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.

## ALARM PERMIT APPLICATION

(Please print)

RESIDENTIAL  BUSINESS  GOVT. ENTITY  Burglary  Robbery/Panic  Fire

Name of Registration Holder: [Grid]

Business Name: [Grid]

Name of responsible party: [Grid]

Alarm Location: (Include Building/Apt #) (Include Suite or Unit #) [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Billing Address: (if different) [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Email Address: [Grid]

Home Phone: [Grid] Cell Phone: [Grid]

Office Phone: [Grid]

### EMERGENCY CONTACTS

Name: [Grid]

Phone #1: [Grid] Phone #2: [Grid]

Name: [Grid]

Phone #1: [Grid] Phone #2: [Grid]

### SPECIAL CONDITIONS

In order to ensure the safety of our officers, the public and to enable the City of Saginaw Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, weapons, hazardous substances, etc.)

Comment: [Grid]

### ALARM INSTALLATION DETAILS

Alarm Installation Date: [Grid] / [Grid] / [Grid]

Alarm Installation Company: [Grid]

Monitoring Company: (if different) [Grid]

### PLEASE READ THE FOLLOWING AND SIGN:

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated, I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The Police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) \_\_\_\_\_

Date: [Grid] / [Grid] / [Grid]

In accordance with the Chapter 90 of City of Saginaw Code of Ordinances, if you have an alarm system in the city limits, it must be registered. The fee for an Alarm Registration is set forth below and shall be paid by the Alarm user. No refund of a registration fee will be made. For first false alarm no fine, for second false alarm warning notice will be issued. The third false alarm is \$50.00, fourth false alarm is \$75.00, fifth false alarm or more is \$100.00 each.

Alarm Registration Fees:  
\$50.00 for Residential  
\$50.00 for Commercial

For Customer Service Call: 1-877-356-7607  
Mail this form and payment to:  
City of Saginaw False Alarm Reduction Program  
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