

CITY OF CORPUS CHRISTI BURGLARY ALARM PERMIT APPLICATION

For Police Department Use Only

Permit # _____

Date: _____ Clerk: _____

Return this form with a \$25.00 (Residential), \$47.50 (Business) Permit Fee (Payable to the City of Corpus Christi) to the Corpus Christi Police Department, Alarm Unit, Central Information Division, P.O. Box 9016, Corpus Christi, TX 78469. Please enclose a self-addressed stamped envelope for receipt return. Alarm Unit Phones: (361) 886-2739 and (361) 886-2745

COMPLETE ALL INFORMATION

Burglary Alarm Permit for (check one): Residential _____ Commercial _____ Federally Funded _____

Alarm Company: _____ Telephone # _____

Monitoring Company: _____ Telephone # _____

Commercial/Resident Name: _____

Address Site of Alarm: _____ Apt/Suite _____

Zip Code: _____ Telephone # _____

Please List the Person Responsible for the Alarm (REQUIRED FOR ALL PERMITS)

Applicant Full Name: _____

Date of Birth: _____ Driver's License # _____ D.L. State _____

Home Address: _____ Home Telephone # _____

Work Address: _____ Work Telephone # _____

Billing Name and Address (IF DIFFERENT FROM ALARM SITE)

Name: _____

Address: _____

List up to three LOCAL CONTACT PERSONS who Police may contact in case of an emergency. Persons must have access to structure and alarm system and be able to make decisions in the event of your absence:

1. Name: _____ Telephone # _____

2. Name: _____ Telephone # _____

3. Name: _____ Telephone # _____

I hereby certify that the information contained in this application is true and correct as of the date of this application, and that I will inform the Corpus Christi Police Department promptly of any changes. I further agree that I shall comply with all provisions of the City Ordinance governing Alarm Systems. I accept responsibility for all fines and fees that may result from the operation of the Alarm System.

Applicant's Signature: _____

Date: _____