

LUBBOCK POLICE DEPARTMENT

ALARM PERMIT APPLICATION / RENEWAL

1. APPLICANT

	Full Name of Business/Owner/Resident			Local Contact / Manager (if applicable)			
	Alarm Site Ad	dress	City	State	Zip	Phone Nu	mber (Required)
	Mailing Address (if different)		City		State	Zip	
	Name & Full Address of Applicant (if different) Email Address				Drivers License Number & State (Require		
				Preferred Method of Contact: Mail Email			
2. Ala	arm Site:	() Residential	() Commerc	cial	() Other	
3. Ala	arm Type:	() Burglary	() Robbery				
4. Ala	arm Monitorin	ig Company:					
Full Na	I Name/Address of Alarm Monitoring Company			Alarm Company Phone Number(s)			
() I I read C any ap Alarm I accej	have read the c City Of Lubbock oplicable Texas Permit Applica pt responsibilit	of parenthesis indicating you completed application and c Ordinance No. 2001-0008 State Law and the City of ation fee and understand t	r understanding. Fai represent the sam 7. ()I agree, Lubbock Ordinan his fee is <u>nonrefur</u> or fines that may re	ilure to do ne to be t that if a j ce No. 20 <u>idable</u> wi esult fron	so will result i rue and corre permit is issu 001-00087. hether or not n the operatio	ect. ()I ha ed, I will comp ()I further a the permit is is on of the alarm	sing the application.) ve received a copy or ly with the provisions o cknowledge the \$50.00 sued.
above	alarm site. Tw	ill surrender this permit if	I transfer ownersf	iip of the	alarm site p	operty.	
Permi	it Applicant S	ignature (Required)	Date	of Birth	(Required)	Date Sig	gned (Required)
	P	ermit Fee: \$50				Checks Pay _ubbock Ala	
]	Home Ow	ners 65, & Olde	r: \$25	Co	Credit 0 mpleted A	Card Paymer uthorization	nts by mail: Form is required
Business Owners: \$50			0	Return this form and registration fee to: City of Lubbock Police Records			
						P.O. Box 20	00

(Unless otherwise notated on your invoice)

LUBBOCK POLICE DEPARTMENT USE ONLY DO NOT WRITE IN THIS SECTION

Lubbock, TX 79457



P.O Box 2000 - 916 Texas Ave Lubbock, Texas 79457 (806) 775-3041

False Alarms Credit Card Authorization

Card Holder Name:								
Credit Card Number:								
Expiration Date:		Zip Code:						
Amount to be Charged:	\$							
Please check type of card:								
Visa	Mastercard	Discover						
Reason for Charge:								
Signature:								

I hereby authorize the City of Lubbock False Alarms Department to charge the agreed amount listed above to my credit card provided. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

** Please note: Maximum Transaction Limit = \$1,600.00 ** Forms cannot be submitted electronically

> City of Lubbock False Alarms Department Gayla Timmerman (806) 775-3041