



CITY OF CROCKETT

COMMERCIAL ALARM SYSTEM PERMIT APPLICATION

THIS REGISTRATION FORM IS FOR COMMERCIAL SECURITY AND/OR FIRE ALARM SYSTEMS OPERATED WITHIN THE CITY OF CROCKETT IN ACCORDANCE WITH CITY OF CROCKETT ORDINANCE NO. O-08B-11, DATED AUGUST 29, 2011. ALL INFORMATION ON THIS REGISTRATION WILL BE TREATED AS **CONFIDENTIAL** INFORMATION, NOT SUBJECT TO RELEASE TO THIRD PARTIES OTHER THAN THE FOLLOWING AGENCIES: CROCKETT POLICE DEPARTMENT, CROCKETT FIRE DEPARTMENT, AND THE HOUSTON COUNTY SHERIFF'S DEPARTMENT 911 CENTRAL DISPATCH OFFICE. IN THE EVENT OF AN ALARM AT THE LISTED ADDRESS, YOUR LISTED CONTACT PERSON MAY BE CALLED TO CHECK THE PREMISES AND RESET OR DEACTIVATE YOUR ALARM SYSTEM. YOUR CONTACT MUST BE ABLE TO RESPOND TO THE LAW ENFORCEMENT REQUEST WITHIN 30 MINUTES OF NOTIFICATION TO AVOID FEES OR PENALTIES.

REGISTRATION DATE: _____ REGISTRATION FEE: _____

(1) BUSINESS NAME: _____ (2) PHONE NO: _____

(3) PHYSICAL ADDRESS: _____

(4) MAILING ADDRESS (IF DIFFERENT): _____

(5) CITY: _____ (6) STATE: _____ (7) ZIP CODE: _____

(8) ALARM SYSTEM TYPE: SECURITY FIRE BOTH

(9) ALARM CONTACT PERSON: _____ PHONE # _____

(10) ALTERNATE CONTACT PERSON: _____ PHONE #: _____

(11) ALARM SERVICE PROVIDER: _____ PHONE# _____

I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I DO UNDERSTAND BY SIGNING THIS APPLICATION I AM RESPONSIBLE FOR THE ALARM SYSTEM AT THE ABOVE LISTED ADDRESS. INITIALS _____)

SIGNATURE OF APPLICANT
(Must be at least 18 years old)

DATE (MM/DD/YY)