



City of Jonestown

ALARM SYSTEM PERMIT/ REGISTRATION APPLICATION FORM

Permit/Reg. No. _____

CK# _____

AMT\$ _____

DATE _____

A NON-REFUNDABLE PERMIT/REGISTRATION FEE MUST BE SUBMITTED WITH EACH FORM.

(Residential Fee \$35.00 and Commercial Fee \$75.00)

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: City of Jonestown

SEND TO: 18304 North Park Drive, Jonestown, Texas 78645

Residential Alarm Permit User Information: (Residential alarm users please complete Section A and C through F.)

A: Alarm User Name: _____
First Name Last Name

Alarm Location: _____
Street Number Street Name Suite/Apt. No.

City State Zip Code Gate Code

Home Phone Cell Phone E-mail Address

Type of Alarm (check all that apply): Burglar Panic Medical Robbery/Holdup

B: Commercial Alarm User Information: (Commercial alarm users please complete Section B through F.)

_____ Alarm Location: _____
Name of Corporation/Business Street Number Street Name Suite No.

Owner of Business: _____
First Name Last Name Cell Phone Home Phone

Local Manager: _____
First Name Last Name Cell Phone Home Phone

C: Mailing Address: _____

D: Contact Information (List two people, other than the owner, who can respond to alarm activation.)

1st Contact Name: _____
First Name Last Name Cell Phone Home Phone

2nd Contact Name: _____
First Name Last Name Cell Phone Home Phone

E: Alarm Service/Monitoring Company: _____
License No. Contact Person Phone

F: Special Conditions: (List hazardous conditions/material, guard dogs, security personnel, weapons, directions to alarm site, etc.) _____

I have carefully read the completed application and know the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all the provision of the City of Jonestown. I understand that I will be responsible for the payment of all fees and charges and any civil action which may arise from the operation of this alarm system.

SIGNATURE