



LUBBOCK POLICE DEPARTMENT

ALARM PERMIT APPLICATION / RENEWAL

1. APPLICANT

Full Name of Business/Owner/Resident _____ C.E.O. / Manager (if applicable) _____

Alarm Site Address _____ City _____ State _____ Zip _____ E-Mail Address _____

Mailing Address (if different) _____ City _____ State _____ Zip _____ Phone Number (Required) _____

Full Address of Applicant (if different) _____ Drivers License Number _____

2. Alarm Site: () Residential () Commercial () Other

3. Alarm Type: () Burglary () Robbery

4. Alarm Monitoring Company:

Full Name/Address of Alarm Monitoring Company _____ Alarm Company Phone Number(s) _____

5. Permit Holder Responsible For Alarm: When the alarm is activated, list whom you wish to respond to the alarm, in order of preference. List the permit holder, if applicable, then persons who can secure the premises. (Name, Address, and phone numbers required)

- 1. _____ Phone (Hm&Wk) _____
- 2. _____ Phone (Hm&Wk) _____

(Please initial each set of parenthesis indicating your understanding. Failure to do so will result in a delay processing the application.)

() I have read the completed application and represent the same to be true and correct. () I have received a copy or read City Of Lubbock Ordinance No. 2001-00087. () I agree, that if a permit is issued, I will comply with the provisions of any applicable Texas State Law and the City of Lubbock Ordinance No. 2001-00087. () I further acknowledge the \$50.00 Alarm Permit Application fee and understand this fee is nonrefundable whether or not the permit is issued.

I accept responsibility for payment of all fees or fines that may result from the operation of the alarm system serving the above alarm site. I will surrender this permit if I transfer ownership of the alarm site property.

Permit Applicant Signature (Required) _____ Date of Birth (Required) _____ Date Signed _____

Please refer to the included invoice for exact pricing

**LUBBOCK POLICE DEPARTMENT USE ONLY
DO NOT WRITE IN THIS SECTION**

PERMIT # _____

DATE RENEWED: ____/____/____

- Original Permit
- Renewal Permit
- Check # _____
- Money Order # _____
- Credit Card _____
- No Charge

**Make Checks Payable To:
City of Lubbock**

**Credit Card Payments by mail:
Completed Authorization Form is required**

**Return this form and registration fee to:
City of Lubbock
Community Intelligence Unit
P.O. Box 2000
Lubbock, TX 79547**