



# Alarm Registration Application

Development Services Department  
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<i>Office use only</i>	
Alarm ID #:	_____
Receipt #:	_____
Date Issued:	_____
Expiration Date:	_____

Type of Application:  NEW PERMIT  
 RENEWAL (If renewal, current permit #: \_\_\_\_\_)

Type of Permit:  Residential (\$15)  
 Commercial (\$25)

### Alarm Location Information

Alarm Location Address: \_\_\_\_\_

### Occupant/Property Owner Information

Occupant or Business Name:	Occupant or Business Phone Number:
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Owner's Name (If occupant is not the owner):	Occupant/Owner's Email Address
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Owner's Address:	Owner's Phone Number:
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### Names, Address, and Phone Numbers of two (2) persons to notify if the permit holder is unavailable (required):

\*Note that the person(s) must be an authorized representative who can be notified by the police department, in the event of an activation of the alarm system, who shall be capable of responding to the premises within one hour and who is authorized and able to enter the premises.

Name:	Phone Number:
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Address: \_\_\_\_\_

Name:	Phone Number:
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Address: \_\_\_\_\_

### Name, Address, Phone of the person/company to render service or repair

Name:	Phone Number:
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Address: \_\_\_\_\_

### Name, Address, Phone of the agency/company providing the burglar or fire alarm protection service

Name:	Phone Number:
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Address: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the Owner/Authorized Agent of the property above described on the date of this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only*  
 Form Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Paid: \_\_\_\_\_