



POLICE ALARM PERMIT APPLICATION

\$100 Permit Fee - **Residential** (Every 2 years)

\$200 Permit Fee - **Commercial / Financial Institution** (Every 2 years)

\$85 Permit Fee - **Senior Residential 65 and older** (Every 2 years)

Permit Fee Exempt - **Government and Personal Emergency Response System only (P.E.R.S.)**

OFFICE USE ONLY : gpdweb (revised 09.30.14)

Receipt #: _____

Application #: _____

| | | |
|------------------|--------------------|-------------------------|
| Permit #: | Issue Date: | Expiration Date: |
|------------------|--------------------|-------------------------|

GARLAND POLICE DEPT.
Attn: Alarm Enforcement Clerk
1891 Forest Lane
Garland, Tx 75042
Phone #: 972-205-1658
GPDArmsUnit@GarlandTx.gov
Payable To: City of Garland

- | | |
|---|---|
| <input type="checkbox"/> Residential (\$100) | <input type="checkbox"/> New Permit |
| <input type="checkbox"/> Senior Residential (65 and over) (\$85) | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Commercial (\$200) | <input type="checkbox"/> Transfer (\$5) |
| <input type="checkbox"/> Financial Institution (\$200) | <input type="checkbox"/> Changes |
| <input type="checkbox"/> Government or GISD owned property (\$0) | |
| <input type="checkbox"/> Personal Emergency Response System (Medical Only) (\$0) | |

Personal Emergency Response Systems (P.E.R.S.) means an alarm system that is installed in the residence of a person; monitored by an alarm systems company; designed only to permit the person to signal the occurrence of a medical or personal emergency on the part of the person so that the company may dispatch appropriate aid; and not part of a combination of alarm systems that includes a burglar alarm or fire alarm.

PLEASE PRINT: Alarm Site

Name (Business / Resident): _____ Phone #: _____

Alarm Site Address: _____ Zipcode: _____

Mailing Address: _____ (if different) City: _____ State: __ Zipcode: _____

Address Transferred From (if applicable): _____

Alarm Type: Multi-Purpose Burglary Robbery/Panic Emergency Medical Fire P.E.R.S. (Medical Only)

Monitored By: _____ Phone #: _____

PERMIT HOLDER RESPONSIBLE FOR ALARM: (A business name is NOT acceptable)

Name: _____ Race: _____ Sex: M F

Date of Birth: ___/___/___ DL #: _____ U.S. Resident: Y N Garland Resident: Y N

Address: _____ City: _____ State: __ Zipcode: _____

Phone Number(s) Home: _____ Cell: _____ Work: _____

Email Address: _____ Email address may be used to keep you informed of alarms at your location or other notifications regarding your alarm permit.

CONTACT PERSONS (other than permit holder):

1: Name: _____ Date of Birth: ___/___/___ Sex: M F

DL #: _____

Address: _____

Phone Number(s) Home: _____ Cell: _____ Work: _____

Date of Birth: ___/___/___ Sex: M F

2: Name: _____ DL #: _____

Address: _____

Phone Number(s) Home: _____ Cell: _____ Work: _____

An Alarm application will not be considered for processing unless the application is signed by the permit holder. The application must be accompanied with the appropriate fee. Permit is transferrable to another location; transfer fee \$5. **Section 26.71 of the City of Garland Code of Ordinances states: "A person commits an offense if he operates or causes to be operated an alarm system without an alarm permit issued by the Director."**

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 provisions of the City of Garland Code of Ordinance, Chapter 26 - Alarm Systems Article VII, Section 26.70 and I will notify the Police Department of any changes. I understand that I will be responsible for payment of all fees and charges that may result from the operation of the alarm system(s) for the premises named in this application. THE PERMIT HOLDER IS RESPONSIBLE FOR RENEWAL.

(Permit Holder's Signature)

Date