GARDEN RIDGE
POLICE DEPARTMENT

PERMIT NUMBER: _____

APPLICATION FOR BURGLAR / ROBBERY / FIRE ALARM SYSTEM

APPLICANT'S NAME: _____

SERVICE ADDRESS: _____

BUSINESS PHONE: _____ HOME/CELL PHONE: _____

SECURITY COMPANY: _____

PHONE: _____

RENEWAL WITH CHANGES ☐ RENEWAL WITH NO CHANGES ☐

PREMISES INFORMATION:

TYPE OF PREMISES: ☐RESIDENCE ☐COMMERCIAL

TYPE OF ALARM: ☐BURGLAR ☐ROBBERY ☐MEDICAL ☐FIRE

IN CASE OF ALARM ACTIVATION: List name(s) of person(s) with access to premises in the order in which the Police Department may contact.

FIRST PERSON TO CALL: Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

NEXT PERSON TO CALL: Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

DIRECT ALARM CALLS TO: Comal County Sheriff's Office Communication at 1-830-609-3921

Ordinance 53 allows three (3) false alarm responses per year free; all false alarms exceeding three (3) per year will be billed to the customer at the rate of $50.00 per response.

I, the undersigned, do hereby certify that the above statements are true and correct. I understand that this form constitutes only an application for a permit for a burglar, robbery, medical, or fire alarm system and that the permit, if issued, is revocable for cause.

Date: _____ Signature: _____

INITIAL PERMIT FEE: $25.00 DATE PAID: _____

RENEWALS: $0 RECEIVED BY: _____

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