MIDLOTHIAN POLICE DEPARTMENT
ALARM PERMIT APPLICATION

PERMIT NUMBER : _____ **DATE :** _____

OFFICIAL USE ONLY

Name of Resident/Business :
Phone Number: 2nd Telephone:
Street Address:
Mailing Address:

TYPE OF ALARM SYSTEM

Type of Annunciation:	☐ AUDIBLE	☐ SILENT		
Purpose of Alarm:	☐ BURGLARY ☐ PANIC	☐ FIRE	☐ ROBBERY ☐ MEDICAL EMERGENCY	
Type of Alarm Activation:	☐ MOTION ☐ HEAT	☐ ULTRA SOUND ☐ LIGHT BEAM ☐ OTHER	☐ PANIC ☐ CONTACT POINTS ☐ PETS INSIDE/OUTSIDE	☐ SMOKE ☐ WATER FLOW
Comments:				

ALARM COMPANY

Alarm Installed By:
Alarm Monitored By:
Alarm Company Address:
Alarm Company Telephone Number:

CONTACT PERSONS

1.		
2.		
3.		
Name	Address	Telephone Number

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 provisions of the City of Midlothian. I understand that I will be responsible for payment of all fees and charges and any civil action which may arise from the operation of this alarm system.

APPLICANT SIGNATURE _____ DATE _____

_____	_____	_____	_____	_____
ISSUE DATE	EXPIRATION DATE	PERMIT STATUS	DATE ENTERED	FEE PAID
_____	_____	_____		_____
RECEIPT NUMBER	SECURITY CODE	DATA ENTRY PERSONNEL		ID NUMBER

OFFICIAL USE ONLY

MIDLOTHIAN POLICE DEPARTMENT, 1111 GEORGE W RAFFIELD JR WAY, MIDLOTHIAN, TEXAS 76065