ROCKWALL POLICE/FIRE DEPARTMENT

ALARM PERMIT APPLICATION

All information must be completed

Mail to: P.O. Box 140455, Irving Texas 75014-0876 Phone: (866) 952-1821

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.

This is a: ☐ **New Permit** ☐ **Renewal** **Alarm Type:** ☐ FIRE ☐ BURGLAR ☐ BOTH

ALARM SITE: ☐ **Residential = $30** ☐ **Business = $50** **Ownership Type** (if Commercial): ☐ Franchise ☐ Corporate Owned

NAME:

ADDRESS:

ZIP CODE:

MAILING ADDRESS: (IF DIFFERENT)

CITY: STATE:

ZIP CODE: PHONE:

ENROLL TO GO PAPERLESS: ☐ (If enrolled, you opt for email notifications and you will no longer receive notifications by USPS. If not enrolled, you agree to receive notifications by USPS.)

EMAIL ADDRESS: (If enrolled to Go Paperless, valid email address is mandatory.)

PERMIT HOLDER - one name only — Permit holder must reside locally (Metroplex)

NAME: TITLE:

ADDRESS:

CITY: ZIP CODE:

HOME PHONE: WORK PHONE:

ALARM COMPANY INFORMATION

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

PHONE:

EMERGENCY CONTACT INFORMATION

List only one name per contact — All information must be completed. For identification purposes, please provide a full name.

List only those individuals who reside in the local area and are able and willing to respond in a timely manner to the alarm site. Businesses must have at least two emergency contact people listed.

#1 NAME:

ADDRESS:

HOME PHONE: WORK PHONE:

#2 NAME:

ADDRESS:

HOME PHONE: WORK PHONE:

#3 NAME:

ADDRESS:

HOME PHONE: WORK PHONE:

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Rockwall City Ordinance and applicable State Laws.

I accept responsibility for payment of all fees or charges and any civil action that may result from the operation of this alarm system.

Applicant's Signature: _____ **Date Submitted:** / /