Permit Number: _____

CITY OF SEAGOVILLE
POLICE DEPARTMENT
1185 E. Simonds Rd.
Seagoville, TX 75159

ALARM PERMIT APPLICATION

TYPE OF PERMIT: ☐ Residential ☐ Business
☐ New Permit ☐ Renewal ☐ Reissue

Business/Residence Name: _____

Permit Location (Address): _____

Cell: (_____) _____ Other Phone: (_____) _____

E-Mail: _____

Alarm Company: _____ Phone: (_____) _____

Primary Contact: _____
(Cell) (_____) _____ (Other phone): (_____) _____

Secondary Contact: _____
(Cell) (_____) _____ (Other phone): (_____) _____

I have carefully reviewed the completed application and verified the information to be true and correct. I hereby agree I will comply with all provisions of City Ordinance Article 7.02 Alarm Systems, of the City of Seagoville, Texas and applicable state laws. I (we) accept responsibility for payment of all fees and fines that may result from the operation of the alarm system serving the above premises. Permit fee is **$20.00** per year for residential and **$30.00** per year for businesses/commercial. Yes ☐ or No ☐

I (we) authorize the Seagoville Police and/or Fire personnel to enter the above premises when responding to an alarm: Yes ☐ or No ☐.

_____ _____
Signature of Applicant/Permit Holder Date

NEW ON_LINE APPLICATION AND PAYMENT, LINK BELOW:

https://seagovilletx.municipalonlinepayments.com/seagovilletx/easypay

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Office Use Only:

Date Issued: _____ Date Renewed: _____

Issued by: _____ Updated by: _____

Paid by: Check/Money Order Credit Card Cash