CITY OF SEGUIN
Alarm System Permit Application

City Account #

Date of Application: ___/___/_____ Expiration Date: 12/31/_____
Type of Alarm: Residential ☐ Commercial ☐

Permit Holder:

Business Name: _____

Last Name: _____ First Name:_____

Street Address:_____City_____State_____Zip_____

Residence Phone#:( )_____-_____Business Phone#:( )_____-_____

Alternate Phone#: ( )_____-_____

RESET TIME_____minutes
Alarm Device Type: Hold-Up ☐ Intrusion ☐ Fire ☐ Panic ☐ *Medical ☐
*If medical, briefly state nature of condition:
_____

ALARM COMPANY: _____ **PHONE#**_____
IN CASE OF ALARM ACTIVATION: (**3 contacts must be provided**)

LIST PEOPLE WITH ACCESS TO PREMISES THAT WE MAY CALL:
1) Name: _____
Address: _____ Residence Phone#: ( )____-_____
Business Phone#: ( )____-_____Cell Phone#: ( )_____-_____

2) Name: _____
Address: _____ Residence Phone#: ( )____-_____
Business Phone#: ( )____-_____Cell Phone#: ( )_____-_____

3) Name: _____
Address: _____ Residence Phone#: ( )____-_____
Business Phone#: ( )____-_____Cell Phone#: ( )_____-_____

INFORMATION ABOUT YOUR PROPERTY: (such as dogs in yard, armed guard on duty, etc.)
_____
_____

INSTRUCTIONS: Type or print this application. Complete ALL blocks, and return it to City of Seguin, Finance Dept., 205 N.River St., Seguin, TX 78155, with your check made payable to the "City of Seguin". **Annual residential alarm permit fee is $25. Annual commercial alarm permit fee is $50.** Alarm permits are renewable 30 days prior to the expiration date on the top of this application.

Receipt: (for office use only)	Date of Payment:	Amount:
Received By:	Payment Type: CASH / CHECK / CREDIT	Check#:

Original: Alarm Permit Holder 2nd copy: Police Dispatch 3rd copy: Finance