



# CITY OF ALVARADO

## Emergency Contact Information Application for Alarm System Permit (renewable and updated every two years)

Does your establishment have a burglar and/or fire alarm system?  Yes  No

Name of Business \_\_\_\_\_

Contact Name \_\_\_\_\_

Physical Business Address \_\_\_\_\_  
Include Building/Apt #, Suite or Unit #

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

**Emergency Contacts** (List two contacts in case of alarm activation or other emergency)

#1 – Name \_\_\_\_\_

Home/Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#2 – Name \_\_\_\_\_

Home/Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is alarm:  Unmonitored  Monitored (if applicable)

Alarm Monitoring Company \_\_\_\_\_

Monitoring Company's Phone Number \_\_\_\_\_

Special Conditions (list hazardous conditions/materials, guard dogs, security personnel, location of alarm panels, etc)

\_\_\_\_\_

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, all provisions of the Ordinances and State Laws will be complied with, whether herein specified or not. I accept responsibility for payment of all fines and fees that may result from the operation of an alarm system serving the above premise.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

License Number \_\_\_\_\_ Clerk \_\_\_\_\_

Fee \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_