

Arlington Police Department • Burglar Alarm Permit Application • Residential

Application will not be processed without an attached check or money order for \$50.00, made payable to the City of Arlington. **Persons 65 + do not have to pay the permit fee if the permit address is their primary residence.** The permit becomes effective on the date the Police Department receives your completed application, and will be mailed to the Billing Address you provide. **Please print your information clearly.**

By Mail:
 Alarm Office 04-0101
 Arlington Police Department
 Post Office Box 1065
 Arlington TX 76004-1065

In Person:
 Alarm Office
 Arlington Police Department
 620 W. Division Street
 Arlington TX 76011

817-459-6472

Individual Permit For: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home				Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal	
Street Address to be Permitted		Apt. #	Arlington	Zip Code	Home Phone
Applicant's Full Name		Date of Birth		Texas Driver's License or State ID #	
Home Address (if different from permit address)		City & State		Zip Code	Date Moved to Permit Address
Billing Address (if different from permit address)		City & State		Zip Code	E-Mail

NOTE: All correspondence will be mailed to the Billing Address.

A. Name of Person to Contact in an Emergency		Home Phone	Business Phone
B. Name of Person to Contact in an Emergency		Home Phone	Business Phone
C. Name of Person to Contact in an Emergency		Home Phone	Business Phone

Alarm Company Name FrontPoint Security Solutions		Address (include city and zip code) 1595 Spring Hill Rd, Suite 110 Vienna, VA 22182		Phone 703-776-9100
Pets: Number and Type Inside		Pets: Number and Type Outside		
Any Other Pertinent Information About the Location				

Confidentiality. Alarm system locations, types of systems, and the names of occupants at permitted locations are confidential information. The Police Department cannot disclose this information to others. See Section 1702.284 of the Texas Occupations Code for further information.

"The information contained in this application is true and correct as of the date of this application. I will inform the Police Department promptly of any changes. I shall comply with all provisions of the Alarms Chapter of the Code of the City of Arlington and all applicable laws of the State of Texas. I accept responsibility for all fines and fees that may result from the operation of the alarm system for the premises named in this application, and shall pay all costs, expenses, and attorney's fees incurred or paid by the City of Arlington for the collection of such fines or fees."

Applicant's Signature	Applicant's Name Printed	Date Signed
-----------------------	--------------------------	-------------

For Office Use Only		
Date Received/Issued	Expiration Date	Permit #

Arlington Police Department • Burglar Alarm Permit Application • **Commercial**

Application will not be processed without an attached check or money order for \$50.00, made payable to the City of Arlington. The permit becomes effective on the date the Police Department receives your completed application, and will be mailed to the Billing Address you provide. **Please print your information clearly** and return with payment.

By Mail:
 Alarm Office 04-0101
 Arlington Police Department **OR**
 Post Office Box 1065
 Arlington TX 76004-1065

In Person:
 Alarm Office
 Arlington Police Department
 620 W. Division Street
 Arlington TX 76011
 817-459-6472

For: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (Specify):			Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal
Address to be Permitted	Arlington	Zip Code	Date Moved to This Address
Name of Business/Organization			Business/Organization Phone
Billing Address (if different from permit address)	City & State	Zip Code	Billing Phone
Mail Permit to the Attention of:			

NOTE: All correspondence will be mailed to the Billing Address.

Applicant's Full Name (person responsible for the alarm)	Date of Birth	Driver's License or ID (state and number)	
Home Address	City & State	Zip Code	Home Phone
Business Address	City & State	Zip Code	Business Phone
A. Name of Person to Contact for After-Hours Emergency			Phone
B. Name of Person to Contact for After-Hours Emergency			Phone
C. Name of Person to Contact for After-Hours Emergency			Phone

Alarm Company Name FrontPoint Security	Address (include city and zip code) 1595 Spring Hill Rd, Suite 110 Vienna, VA 22182	Phone 703-776-9100
Any Other Pertinent Information About the Location		
E-Mail Address:		

Confidentiality. Alarm system locations, types of systems, and the names of occupants at permitted locations are confidential information. The Police Department cannot disclose this information to others. See Section 1702.284 of the Texas Occupations Code for further information.

<i>"The information contained in this application is true and correct as of the date of this application. I will inform the Police Department promptly of any changes. I shall comply with all provisions of the Alarms Chapter of the Code of the City of Arlington and all applicable laws of the State of Texas. I accept responsibility for all fines and fees that may result from the operation of the alarm system for the premises named in this application, and shall pay all costs, expenses, and attorney's fees incurred or paid by the City of Arlington for the collection of such fines or fees."</i>		
Applicant's Signature	Applicant's Name Printed	Date Signed

For Office Use Only		
Date Received/Issued	Expiration Date	Permit #