

SECURITY ALARM LICENSE APPLICATION

PLEASE PRINT LEGIBLY OR TYPE INFORMATION. ATTACH ADDITIONAL INFORMATION IF NECESSARY.

ALARM LICENSE TO BE ISSUED IN THE NAME OF:

Table with 3 columns: Individual or Business Name, Complete Address with Zip Code, Phone Number

Is the above referenced location residential or commercial? _____

If the alarm permit is to be issued in the name of a corporation or partnership, give the names and addresses of the corporate officers, partners or other persons legally responsible for the corporation or partnership.

Name Complete Address Phone Number

Name Complete Address Phone Number

Name, residence, and telephone number of the persons in operational control of the property, if other than applicant.

Name Complete Address Phone Number

Name Complete Address Phone Number

Security Alarm Company contracted to monitor alarm system:

Rapid Response 400 W Division St, Syracuse, NY 13204 800-932-3822

Company Name Complete Address Phone Number

List the names and telephone numbers of two (2) persons, one of whom does not reside at the address of permit location, that are able to and have agreed:

- A. To receive notification at any time;
B. To come to the alarm site within one hour after receiving a request from a member of the El Paso Police Department to do so; and
C. To grant access to the alarm site and to deactivate the alarm system if such becomes necessary.

(1) Name Phone Number

(2) Name Phone Number

IMMEDIATE NOTIFICATION MUST BE SUBMITTED TO THE CITY LICENSE SECTION IF THERE IS A CHANGE CONCERNING THESE TWO INDIVIDUALS OR PHONE NUMBERS.

Section 5.13.070 False Alarm Penalties. The permit holder or any other person in control of an alarm system shall pay a false alarm civil penalty in accordance with Section 214.197, Local Government Code or its successor.

Alarms systems owned or operated by the City shall not be assessed penalties. The Police Chief shall notify the permit holder or other person in control of the alarm system by mail that the alarm site has exceeded three false alarm notifications in the preceding twelve-month period.

Signature of Authorized Applicant

Return Completed Applications with payment to: Planning & Inspections Department - One Stop Shop 811 Texas Ave. El Paso, Texas 79901 (915) 212-0104 Fax (915) 212-0105

Make check payable to: City of El Paso

