

**ALARM PERMIT APPLICATION
COLLIN COUNTY, TEXAS**

Name of Permit Holder/Responsible Persons:

Name: _____

Alarm Site Address: _____ City: _____ Zip: _____ - _____

Phone (Day) () _____ - _____ Evening () _____ - _____

Name of Business/Resident: _____

Mailing address: _____ City: _____ Zip: _____ - _____

Email: _____

Notification by: Alarm Company _____ Panel _____ Other (specify) _____

Alarm Monitoring Company:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____ - _____

Date alarm installed: _____ Date Service began: _____

Contact persons: Must have access to premises and alarm. 30 minutes maximum response time. List three (3) or more:

Name: _____ Phone: Day () _____ - _____ Evening () _____ - _____

Name: _____ Phone: Day () _____ - _____ Evening () _____ - _____

Name: _____ Phone: Day () _____ - _____ Evening () _____ - _____

Name: _____ Phone: Day () _____ - _____ Evening () _____ - _____

Date: _____ Signature of Permit Holder: _____

For Office Use only

Date Application Received: _____ Received: _____ In Person _____ Mail By: _____

Payment Method: _____ Cash _____ Check (# _____)

Approved/Denies/Suspended on: _____ By: _____

Permit No. _____ Issue Date: _____ Expiration Date: _____

CAD Entry Date: _____ By _____ Verified By: _____

New _____ Renewal _____