

Alarm Coordinator Office  
409-765-3611  
409-765-3649 - Fax

# CITY OF GALVESTON ALARM PERMIT APPLICATION

For office  
use only

Permit Number: \_\_\_\_\_

This form Must be complete and signed in order to issue a permit.

New Permit                       Renewal                       Update Information

**Address of Alarm:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOGS ON PREMISES:  YES  NO

Applicant's Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Race: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Co Applicant's Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Race: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED FOR BUSINESS PERMIT**

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

**Billing Address:** (if different from Alarm Location)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Alarm Company:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Monitoring Phone #: \_\_\_\_\_

**Emergency Contact**

1st Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact**

2nd Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Permit Holder or Authorized Rep. Of Co.

\_\_\_\_\_  
Date

Mail to: City of Galveston Attn: City Cashier - Alarm Permitting  
P O Box 779, Galveston, Texas 77553

Make checks payable to: The City of Galveston

Alarm Permit Fee \$25.00

Annual Renewal \$25.00