



POLICE ALARM PERMIT APPLICATION

\$50 Permit Fee - Residential (1 year) \$100 Permit Fee - Commercial / Financial Institution (1 year)
\$42.50 Permit Fee - Senior Residential 65 and older (1 years)
Permit Fee Exempt - Government and Personal Emergency Response System only (P.E.R.S.)

OFFICE USE ONLY: <i>gpdweb (revised 04/01/2017)</i>		Receipt #: _____	Application #: _____
Permit #: _____	Issue Date: _____	Expiration Date: _____	

MAIL TO:

GARLAND POLICE DEPT.

Attn: Alarm Enforcement Clerk
1891 Forest Lane
Garland, Tx 75042

Payable To: City of Garland
Phone #: 972-205-1658
GPDAlarmsUnit@GarlandTx.gov

- | | |
|--|---|
| <input type="checkbox"/> Residential (\$50) | <input type="checkbox"/> New Permit |
| <input type="checkbox"/> Senior Residential (65 and over) (\$42.50) | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Commercial/Financial Institution(\$100) | <input type="checkbox"/> Transfer (\$5) |
| <input type="checkbox"/> Government or GISD owned property (\$0) | <input type="checkbox"/> Changes |
| <input type="checkbox"/> Personal Emergency Response System (Medical Only) (\$0) | |

Personal Emergency Response Systems (P.E.R.S.) means an alarm system that is installed in the residence of a person; monitored by an alarm systems company; designed only to permit the person to signal the occurrence of a medical or personal emergency on the part of the person so that the company may dispatch appropriate aid; and not part of a combination of alarm systems that includes a burglar alarm or fire alarm.

PLEASE PRINT: Alarm Site

Name (Business / Resident): _____ Phone #: _____

Alarm Site Address: _____ Zipcode: _____

Mailing Address (If Different) : _____ City: _____ State: _____ Zipcode: _____

Address Transferred from: _____

Alarm Type: Multi-Purpose ___ Burglary ___ Robbery/Panic ___ Emergency Medical ___ Fire ___ P.E.R.S (Medical Only) ___

Alarm Announcer: Audible ___ Silent ___

Monitored By: _____ Phone #: _____

PERMIT HOLDER RESPONSIBLE FOR ALARM: (A business is NOT acceptable, this will be our primary contact)

Name: _____ Race: _____ Sex: M F

Date of Birth: ___/___/___ DL#: _____ Garland Resident: Y N

Address: _____ City: _____ State: _____ Zipcode: _____

Home Ph#: _____ Cell Ph#: _____ Work Ph#: _____

Email Address: _____

CONTACT PERSONS (other than permit holder):

1: Name: _____ Date of Birth: ___/___/___ Sex: M F DL#: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Home Ph#: _____ Cell Ph#: _____

2: Name: _____ Date of Birth: ___/___/___ Sex: M F DL#: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Home Ph#: _____ Cell Ph#: _____

_____	_____
(Permit Holder's Signature on line above)	Date

An Alarm application will not be considered for processing unless the application is signed by the permit holder. The application must be accompanied with the appropriate fee. Permit is transferable to another location; transfer fee is \$5. **Section 26.71 of the City of Garland Code of Ordinances requires a person who operates an alarm system to obtain a permit prior to operating the alarm system.**