



# Lake Jackson Police Department ALARM USER PERMIT/REGISTRATION

5A OAK DRIVE  
LAKE JACKSON, TEXAS 77566  
(979)415-2700

Permit/ Registration  
No.  
\_\_\_\_\_

**A NON-REFUNDABLE \$50.00 PERMIT/REGISTRATION FEE MUST BE SUBMITTED WITH EACH PERMIT/REGISTRATION FORM. \*see pro-rated fees on instruction page\*  
MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF LAKE JACKSON.**

**Type of Alarm (check all that apply):** Burglar \_\_\_\_\_ Panic/Holdup \_\_\_\_\_ Robbery \_\_\_\_\_ Fire \_\_\_\_\_

**A.) Residential Alarm User Information:** (Residential alarm users, please complete Sections A, B and D through H.)

**Alarm User Name:** \_\_\_\_\_  
First Name Last Name

**B.) Residential and Commercial alarm users must complete:**

**Alarm Location:** \_\_\_\_\_  
Street Number Street Prefix Street Name Suite/Apt. No.  
\_\_\_\_\_ Gate Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager Email Address

**C.) Commercial Alarm User Information:** (Commercial alarm users, please complete Sections B through H.)

\_\_\_\_\_  
Name of Corporation, Sole Proprietor or Partners

\_\_\_\_\_  
Trade Name(s) Used by Business

**D.) Mailing Address:** (If different from Location of Alarm System)

**E.) Contact Information:** (MUST list two people, other than the owner, who can respond to an alarm activation **within 20 min.**)

**1<sup>st</sup> Contact Name:** \_\_\_\_\_  
First Name Last Name

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager

**2<sup>nd</sup> Contact Name:** \_\_\_\_\_  
First Name Last Name

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager

**F.) Alarm Install/Service Company:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone** (\_\_\_\_\_) \_\_\_\_\_

**G.) Alarm Monitoring Company:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone** (\_\_\_\_\_) \_\_\_\_\_

**H.) Special Conditions:** (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)

Alarm permits are not intended to, and do not create a contract, duty or obligation, either expressed or implied. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By applying for an alarm permit, the permit holder acknowledges that response may be influenced by factors such as the availability of police or fire units, priority of calls, weather conditions, traffic conditions, emergency conditions, staffing levels, and prior response history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

\* Instructions for completion of form on back page

# Instructions for Completion of Alarm User Permit/Registration Form

**Section A** – To be completed by *Residential* alarm users only

**Alarm User Name:** First and last name of the *residential* alarm user. List both spouses, if applicable.

**Alarm Location:** Complete street address, including directional prefixes, where the alarm is located. Indicate the home, work and cell or pager (cell is preferable) numbers of the alarm user, as well as one email address where the alarm user can receive correspondence. If no email address is available, leave blank.

**Section B** – To be completed by both *Residential and Commercial* alarm users.

**Section C** - To be completed by *Commercial* alarm users only.

**First Line:** Indicate the full legal corporate name of the business. If the business is a sole proprietorship or partnership, list the name of the owner or one partner.

**Second Line:** List any trade names used by the business if different from the corporation name, owner or partner's name.

**Alarm Location:** Complete street address, including directional prefixes, where the alarm is located. Indicate the business phone number at the alarmed location.

**Owner or President:** List the first and last name of the president, owner or person responsible on a corporate level for the alarm system at the alarm address. Indicate the home, work and cell or pager (cell is preferable) numbers of the business owner, president or partner, as well as one email address where this person can receive correspondence. If no email address is available, leave blank.

**Local Manager:** List the first and last name, home, work and cell or pager (cell is preferable) numbers and email address for the local manager at the alarm site.

**Section D** – To be completed by both *Residential and Commercial* alarm users

**Mailing Address:** Indicate separate mailing address if different from the alarm location.

**Section E** – To be completed by both *Residential and Commercial* alarm users

**Contact Information:** Contacts are persons, who should be contacted in the event of an alarm, and who are willing and have agreed to receive notification of an alarm activation at any time, respond to the alarm site within 20 minutes, grant access to the alarm site and deactivate the alarm system if such becomes necessary. Two separate contact persons are required. Provide home, work and cell or pager (cell is preferable) numbers, as well as email addresses of contacts.

**Section F** – To be completed by both *Residential and Commercial* alarm users

**Alarm Install/Service Company:** List the name of the company that either installed or services your alarm system. Include the alarm company's license number, contact person and the best phone number at which to reach this individual. Check your contract or contact your alarm company for the information.

**Section G** – To be completed by both *Residential and Commercial* alarm users

**Alarm Monitoring Company:** List the name, license number, contact person and phone number of the company that monitors your alarm system and requests public safety dispatch on your behalf. If same as install or service company, leave blank.

**Section H** – To be completed by both *Residential and Commercial* alarm users

**Special Conditions:** Indicate any unusual circumstances that should be considered when responding to an alarm at the permitted alarm address such as: handicapped person(s), guard dog on site, hazardous conditions/materials, security personnel, weapons, directions to alarm site, etc.

**Signature Line:** *A responsible residential alarm user or the president, owner, partner or local manager of a commercial alarm user must sign this form.*

Pro-Rated Fees:	January \$50.00	February \$45.83	March \$41.66
<b>NEW INSTALLS</b>	April \$37.49	May \$33.32	June \$29.15
	July \$24.98	August \$20.81	September \$16.64
	October \$12.47	November \$8.30	December \$4.13