

Abilene Police Department
Attn: Alarm System Administrator
450 Pecan Street
P.O. Box 174
Abilene, Texas 79604-0174
Admin: 325-676-6535
Fax: 325-676-6612



Abilene Police Department

Alarm System Application

Complete the appropriate sections only.

There is a \$40.00 annual alarm system fee for each permit

Alarm type please check appropriate box:

- Burglar Alarm
 Fire Alarm
 Both Burglar & Fire Alarms

Permit Number: _____

COMMERCIAL / BUSINESS ONLY

Name of Business: _____

Physical address: _____

Mailing Address
if Different: _____

E-Mail: _____

Business Phone Primary: _____

Secondary: _____

Permit Holder / Person
in control of property: _____

Address of
Permit Holder: _____

Mailing Address
if Different: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Pager or Secondary Cell: _____

E-Mail: _____

Persons who have agreed to receive notification from the Police or Fire Department to go on site and deactivate or reset alarm:

1. Name: _____
Home Phone: _____

Business Phone: _____
Cell Phone: _____

2. Name: _____
Home Phone: _____

Business Phone: _____
Cell Phone: _____

3. Name: _____
Home Phone: _____

Business Phone: _____
Cell Phone: _____

4. Name: _____
Home Phone: _____

Business Phone: _____
Cell Phone: _____

Alarm Service to monitor system or state "Self-Monitored"

Name of Company / self: _____
Emergency Local Number: _____

Address / zip: _____
1-800 Number: _____

I have carefully read and completed the above application and state that all the information given is true and correct. I fully understand the provision of City Ordinance # 50-2005 and agree to comply with said ordinance. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system installed at the above site.

Date: _____

Signature: _____

Please mail this form along with your annual \$40.00 alarm system fee to the address at the top of this form.