



# Arlington Police Department • Burglar Alarm Permit Application Commercial

Application will not be processed without an attached check or money order for \$50.00, made payable to the City of Arlington. The permit becomes effective on the date the Police Department receives your completed application, and will be mailed to the Billing Address you provide. **Please print your information clearly** and return with payment.

**By Mail:**  
Alarm Office 04-0101  
Arlington Police Department  
Post Office Box 1065  
Arlington TX 76004-1065

**In Person:**  
Alarm Office  
Arlington Police Department  
620 W. Division Street  
Arlington TX 76011

817-459-6472

For: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (Specify):			Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal
Address to be Permitted	<b>Arlington</b>	Zip Code	Date Moved to This Address
Name of Business/Organization			Business/Organization Phone
Billing Address (if different from permit address)	City & State	Zip Code	Billing Phone
Mail Permit to the Attention of:			

**NOTE: All correspondence will be mailed to the Billing Address.**

Applicant's Full Name (person responsible for the alarm)	Date of Birth	Driver's License or ID (state and number)	
Home Address	City & State	Zip Code	Home Phone
Business Address	City & State	Zip Code	Business Phone
A. Name of Person to Contact for After-Hours Emergency			Phone
B. Name of Person to Contact for After-Hours Emergency			Phone
C. Name of Person to Contact for After-Hours Emergency			Phone

Alarm Company Name	Address (include city and zip code)	Phone
Any Other Pertinent Information About the Location		
E-Mail Address:		

**Confidentiality.** Alarm system locations, types of systems, and the names of occupants at permitted locations are confidential information. The Police Department cannot disclose this information to others. See Section 1702.284 of the Texas Occupations Code for further information.

*"The information contained in this application is true and correct as of the date of this application. I will inform the Police Department promptly of any changes. I shall comply will all provisions of the Alarms Chapter of the Code of the City of Arlington and all applicable laws of the State of Texas. I accept responsibility for all fines and fees that may result from the operation of the alarm system for the premises named in this application, and shall pay all costs, expenses, and attorney's fees incurred or paid by the City of Arlington for the collection of such fines or fees."*

Applicant's Signature	Applicant's Name Printed	Date Signed
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**For Office Use Only**

Date Received/Issued	Expiration Date	Permit #
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