

Hidalgo Police Department  
211 E. Esperanza, Hidalgo, TX 78557



Alarm Records  
(956) 843-2737

### Alarm Permit Application

Sec. 35-54. Permit required; application; fees; renewal; transferability.

- (a) A person commits an offense if he operates or causes to be operated an alarm system without an alarm permit, or does not comply with the terms and conditions of the permit or application therefore issued by the chief. A separate permit is required for each alarm site.
- (b) Annual fee: \$20.00 dollars; Half year fee: \$10.00 (new applications only). Alarm sites will be assessed a false alarm service fee of \$50.00 dollars (excess of 5 false alarms to site).

<b>Permit Holder:</b> _____
<b>Alarm Location:</b> _____
<b>Billing / Mailing Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Home Phone:</b> _____ <b>Work Phone:</b> _____ <b>Alt. Phone:</b> _____

#### Alarm Type / Site (Check One)

- (A) Residence Alarm [  ]

Resident Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Alarm Location Address: \_\_\_\_\_

- (B) Business Alarm [  ]

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

Alarm Location Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Business Hours: \_\_\_\_\_

<u>Alarm Notification:</u> _____	Effective Operational Date: _____
Alarm Company's Name: _____	Phone #: _____
Alarm Company's Address: _____	
City: _____	State: _____ Zip: _____

#### DEPARTMENT USE ONLY

Permit #: _____	Receipt #: _____
Issue Date: _____	Exp. Date: _____
Approved By: _____	Date Apprd: _____
Permit Fee: _____	

(CONTINUED ON REVERSE)

User's responding agents to be notified: (3 required). Notification to any person or alarm business shall be sufficient notice to the permit holder.

<b>Name</b>	<b>Address</b>	<b>Home Phone</b>	<b>Work Phone</b>
1)			
2)			
3)			
4)			
5)			

I hereby affirm that the above information is true to the best of my knowledge and further affirm that the alarm system for which this permit is being applied does not violate any section or subsection of the City of Hidalgo Ordinances.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date