

Alarm Coordinator Office
409-765-3648
409-765-3649 - Fax

CITY OF GALVESTON ALARM PERMIT APPLICATION

For office
use only

Permit Number: _____

This form Must be complete and signed in order to issue a permit.

New Permit Renewal Update Information

Address of Alarm: _____

City: _____ State: _____ Zip Code: _____

DOGS ON PREMISES: YES NO

Applicant's Name: _____ Drivers License #: _____

Race: _____ M F Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Co Applicant's Name: _____ Drivers License #: _____

Race: _____ M F Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

ADDITIONAL INFORMATION REQUIRED FOR BUSINESS PERMIT

Business Name: _____ Business Phone: _____

Business Owner: _____ Owner Phone: _____

Billing Address: (if different from Alarm Location)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Alarm Company:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Monitoring Phone #: _____

Emergency Contact

1st Contact Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact

2nd Contact Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Signature of Permit Holder or Authorized Rep. Of Co.

Date

Mail to: City of Galveston Attn: City Cashier - Alarm Permitting
P O Box 779, Galveston, Texas 77553

Make checks payable to: The City of Galveston

Alarm Permit Fee \$25.00

Annual Renewal \$25.00