



CITY OF LEANDER
 PO BOX 141477, IRVING, TX 75014-1477, Phone (877) 484-7716
ALARM PERMIT APPLICATION

Please type or print in
 BLOCK CAPITAL LETTERS
 clearly inside the box.

Annual fee for Residential / Commercial : \$30

(Please print)

Type of Alarm: Residential Business Burglary Robbery/Panic

Name of Registration Holder: [Grid]

Business Name: [Grid]

Name of responsible party: [Grid]

Alarm Location:
 (Include Building/Apt #)
 (Include Suite or Unit #)

City: [Grid] State: [Grid] Zip: [Grid]

Billing Address:
 (if different)

City: [Grid] State: [Grid] Zip: [Grid]

Email Address: [Grid]

Home Phone: [Grid] [Grid] [Grid] Cell Phone: [Grid] [Grid] [Grid]

Office Phone: [Grid] [Grid] [Grid]

EMERGENCY CONTACTS

Name: [Grid]

Phone #1: [Grid] [Grid] [Grid] Phone #2: [Grid] [Grid] [Grid]

Name: [Grid]

Phone #1: [Grid] [Grid] [Grid] Phone #2: [Grid] [Grid] [Grid]

SPECIAL CONDITIONS

In order to ensure the safety of our officers, the public and to enable the Leander Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, hazardous substances, etc.)

Comment: [Grid]

ALARM INSTALLATION DETAILS

Alarm Installation Date: [Grid] / [Grid] / [Grid] Alarm Company Phone #: [Grid] [Grid] [Grid]

Alarm Installation Company: [Grid]

Address: [Grid]

Monitoring Company:
 (if different)

Address: [Grid]

Monitoring Company Phone #: [Grid] [Grid] [Grid]

PLEASE READ THE FOLLOWING AND SIGN:

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated, I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The Police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) _____ Date: [Grid] / [Grid] / [Grid]

"In accordance with the Article 4.03, "Alarm Systems" of the Code of City of Leander, Texas's Ordinance, if you have an active alarm system in the City of Leander, Texas, it must be registered with the City for an annual fee of \$30.00 for Residential/Commercial locations"

For Customer Service Call: 1-877-484-7716
Mail this form and payment to:
 City of Leander Alarm Program
 PO BOX 141477, IRVING, TX 75014-1477