

**OVILLA POLICE DEPARTMENT
ALARM INFORMATION RECORD
Permit # _____**

DEPARTMENT USE ONLY

Res: \$ _____ Bus: \$ _____

Paid date: _____

Cash/check # _____

Receipt # _____

Renewal: _____

Name: _____

Physical Address: _____, Ovilla, Texas 75154

Mailing Address if different from above: _____

Contact Information:

Home Phone: _____

Work: _____

Cell: _____

Other: _____

*Email: _____

Is alarm system currently monitored by an alarm company? Yes ____ No ____

Name of Alarm Co: _____

Address: _____

Telephone #: _____

Approximate installation date: _____

Audible Alarm: ____ or Silent Alarm: ____

In the event the alarm goes off, please list persons to be notified:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Other than you, is there a representative, responsible party, or other adult authorized to enter the property and silence the alarm? Please list their name and relationship to you (i.e., relative, friend, realtor, landlord, etc.).

Name: _____ Relation: _____ Telephone #: _____

Signature: _____

Date: _____