



Please complete and mail to:  
City Clerk's Office  
P O Box 1106  
Sherman, TX 75091-1106

FOR OFFICE USE ONLY	
Permit No.	_____
Exp Date	_____
Issue Date	_____
Approved By	_____

## APPLICATION FOR ALARM PERMIT CITY OF SHERMAN, STATE OF TEXAS

**Print Clearly or Type All Answers**

1. PERMIT HOLDER: \_\_\_\_\_  
(Responsible Party)

Home Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

2. ALARM NOTIFICATION: (Check One)

Alarm Company Class A \_\_\_\_\_

Audible Class B \_\_\_\_\_

3. INSTALLED BY: \_\_\_\_\_

4. EFFECTIVE OPERATIONAL DATE: \_\_\_\_\_

5. ALARM SITE:

(A) If Residence Alarm: (Answer all questions for "A")

Resident's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physical Address/Location/Direction: \_\_\_\_\_

Mailing Address if different than above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

(B) If Business Alarm: (Answer all questions for "B")

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

Physical Address/Location/Direction: \_\_\_\_\_

Mailing Address if different than above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_

Description of Protected Premises: \_\_\_\_\_

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# APPLICATION FOR ALARM PERMIT

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6. USER'S RESPONDING AGENTS TO BE NOTIFIED: (3 REQUIRED)

Notification to any person or alarm business shall be sufficient notice to the permit holder.

NAME	HOME/CELL PHONE	WORK PHONE
1.		
2.		
3.		
4.		

7. ALARM COMPANY INFORMATION: (If Class A System)

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. I hereby affirm that the above information is true to the best of my knowledge and further affirm that

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE