



1522 Texas Parkway
Missouri City, TX 77489
developmentservices-psr@missouricitytx.gov
Phone: (281) 403-8643

Account # _____

Alarm Permit Registration Application



PRINT LEGIBLY. \$50.00 ANNUAL NON-REFUNDABLE PERMIT FEE. Make checks payable to City of Missouri City. THIS FORM MAY BE FAXED, MAILED, EMAILED OR SUBMITTED IN PERSON. PAYMENT MAY BE TAKEN OVER THE PHONE.

1 Alarmed Location					
Occupant Name or Business Name _____			Preferred Method Email Address _____		
Address _____					Suite/Apt# _____
City _____	State _____	Zip _____	Date of Birth (REQUIRED) _____	Drivers License #/State(REQUIRED) _____	

2 Mailing Address		<input type="checkbox"/> Same as above	Cell _____
Name _____			Home _____
Address _____			Cell2 _____
City _____		State _____	Zip _____
			Work _____

3 Contact Names		Cell _____
Contact 1		Home _____
Name -REQUIRED _____		Cell _____
Contact 2		Home _____
Name - REQUIRED _____		Cell _____
Contact 3		Home _____
Name - OPTIONAL _____		

4 Additional Information	
Date Installed/Activated _____	<input type="checkbox"/> Audible
Special Conditions/ Hazards _____	

5 Alarm Companies		<input type="checkbox"/> Not Monitored
Monitored By _____		
Alarm Co Address _____		Alarm Company Phone# _____

I understand that, in accordance with City Ordinance 0-05-52, applicant is financially responsible for all charges and penalties specific in this section.

Signature _____ Date _____