



CITY OF HEATH ALARM PERMIT APPLICATION

All information must be completed-----This is a two-page form

This is a: New Permit Renewal

Mail to: 200 Laurence Dr. Heath, TX 75032

ALARM SITE: _____ *Residential - \$35.00/year* _____ *Business - \$50.00/year*

NAME: _____

ADDRESS: _____ ZIP CODE: _____

MAILING ADDRESS (IF DIFFERENT): _____

TELEPHONE: _____

ALARM SYSTEM: ___ FIRE ___ BURGLAR ___ BOTH

PERMIT HOLDER - one name only ---- Permit holder must reside locally (Metroplex)

NAME: _____ TITLE: _____

DRIVERS LICENSE NO.: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ E-MAIL ADDRESS _____

HOME TELEPHONE: _____ WORK: _____ CELL: _____

ALARM COMPANY INFORMATION

NAME: _____

ADDRESS: _____ TELEPHONE: _____

Complete emergency contact information on reverse side. Unless otherwise noted, the permit holder will be considered the first emergency contact to be notified. List only those individuals who reside in the local area and are able and willing to respond in a timely manner to the alarm site. Businesses must provide two emergency contacts.

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of City of Heath Ordinances and applicable State Laws. I accept responsibility for payment of all fees or charges and any civil action that may result from the operation of this alarm system.

Applicant's Signature

Date Submitted

OFFICE USE: RECEIVED BY _____ PERIOD _____ TO _____ DATE _____

EMERGENCY CONTACT INFORMATION

*List only one full name per contact --- All information required unless otherwise noted.
For identification and security purposes, you may provide a contact's date of birth / drivers license number.*

1) NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

CELL TELEPHONE: _____ DATE OF BIRTH: (optional) ____/____/____

DRIVERS LICENSE STATE AND NUMBER: (optional) _____

2) NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

CELL TELEPHONE: _____ DATE OF BIRTH: (optional) ____/____/____

DRIVERS LICENSE STATE AND NUMBER: (optional) _____
