

CITY OF CIBOLO ALARM SYSTEM APPLICATION / PERMIT

NAME OF APPLICANT _____ DATE _____

ADDRESS _____

TELEPHONE _____ E-MAIL _____

The undersigned hereby applies for a permit to operate the type of alarm checked below. I certify that the alarm system presently meets the requirements set forth by the City of Cibolo Ordinance and that it will be maintained in the manner provided therein and that I will comply with each applicable provision of the cited ordinance.

CHECK APPLICABLE:

TYPE OF ALARM: SILENT _____ AUDIBLE _____ MONITORED _____ DISCONNECTED _____

INITIAL APPLICATION _____ ANNUAL PERMIT _____ TRIENNIAL PERMIT _____

NAME AND PHONE NUMBER OF ALARM CO. _____

The below named individual or organization can be contacted to respond to the location within 30 minutes of the activation of the licensed alarm.

NAME _____ ADDRESS _____ PHONE NO. _____

NAME _____ ADDRESS _____ PHONE NO. _____

Applicant Signature PERMIT NO. DATE ISSUED

ISSUING AUTHORITY: _____

_____ COMMERCIAL SITE \$50.00 _____ FINANCIAL SITE \$100.00 _____ EDUCATIONAL/GOVERNMENT SITE - NO FEE

_____ RESIDENTIAL INITIAL APPLICATION \$25.00 _____ RESIDENTIAL SITE ANNUAL \$15.00 _____ RESIDENTIAL SITE TRIENNIAL \$30.00

NOTE: THIS PERMIT IS NON-TRANSFERABLE.

EXPIRES: _____

CPD 005