



CITY OF NEW BRAUNFELS ALARM APPLICATION

PERMIT# \_\_\_\_\_

RESIDENT or BUSINESS NAME: \_\_\_\_\_

ALARM SITE ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

ALARM SITE PHONE: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DOGS ON PREMISES? YES \_\_\_\_\_ NO \_\_\_\_\_ GUNS ON PREMISES? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE THERE HANDICAPPED PERSONS ON PREMISES? YES \_\_\_\_\_ NO \_\_\_\_\_

\* Please complete all requested info with a yes or no and further details if needed.

LOCATION: [ ] RESIDENTIAL [ ] COMMERCIAL
ALARM TYPE: [ ] BURGLARY [ ] ROBBERY [ ] BOTH
PD NOTIFIED BY: [ ] ALARM CO [ ] PHONE (DIRECT) [ ] PANEL [ ] OTHER

ALARM/ MONITORING COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

BILLING INFORMATION: NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
PHONE#: \_\_\_\_\_ FAX #: \_\_\_\_\_
E-MAIL: \_\_\_\_\_

ALTERNATE PHONE #S: \_\_\_\_\_

CONTACT PERSONS: Please list at least 3 persons with a 30 minute maximum response time.
\*List persons in the order they are to be contacted.

#1 NAME: \_\_\_\_\_ #2 NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_
HOME #: \_\_\_\_\_ HOME#: \_\_\_\_\_
WORK#: \_\_\_\_\_ WORK#: \_\_\_\_\_
CELL#: \_\_\_\_\_ CELL#: \_\_\_\_\_

#3 NAME: \_\_\_\_\_ #4 NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_
HOME #: \_\_\_\_\_ HOME#: \_\_\_\_\_
WORK#: \_\_\_\_\_ WORK#: \_\_\_\_\_
CELL#: \_\_\_\_\_ CELL#: \_\_\_\_\_

OFFICE USE ONLY

PERMIT #: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXP.DATE: \_\_\_\_\_

[ ] ORIGINAL [ ] DATA CHANGE [ ] DELETE PERMIT [ ] REISSUE PERMIT [ ] SUSPENSION

The annual alarm permit fees are \$40.00 residential and \$50.00 commercial
QUESTIONS: PLEASE CONTACT THE CITY OF NEW BRAUNFELS ALARM PROGRAM
CITY OF NEW BRAUNFELS
P O BOX 140457 IRVING, TX 75014 TOLL-FREE 866-586-5186

