



City of
Corpus
Christi

BURGLAR ALARM PERMIT APPLICATION

Please provide all of the information below. Return this application with a check of \$35 for Residence or \$60 for Commercial made payable to the City of Corpus Christi.

Send your payment to:

City of Corpus Christi Alarm Program
P.O. Box 141869
Irving, TX 76014-1869

If you would like a receipt, enclose a self-addressed, stamped envelope. We are always ready to serve you and are happy to answer whatever questions you may have. You may contact our Alarm Clerks at 1-877-413-8308.

Thank you for taking the time to register your alarm as required by City Ordinance Chapter 3 1/2 Alarm Systems.

Please check one: Residential Commercial

PLEASE LIST THE PERSON RESPONSIBLE FOR THIS ALARM SYSTEM

Applicant's/Business Name:

Alarm Address: Apt/Suite No:

City: State: Zip Code:

Phone No: E-mail Address:

Alarm Monitoring Company:

Phone No:

Please provide a billing name and address if different from above

Name:

Address: Apartment No.:

City: State: Zip Code:

List the names of local friends or family who we may contact in case of an emergency. They must have access to your dwelling and alarm system, and be able to make decisions if you cannot be reached. Dates of birth are required for positive proof of identity when we contact these individuals.

#1 Name:

Home Phone: Cellular Phone No:

Email Address:

#2 Name:

Home Phone: Cellular Phone No:

Email Address:

#3 Name:

Home Phone: Cellular Phone No:

Email Address:

I hereby certify that the information contained in this application is true and correct as of the date of its submission, and that I will inform the Corpus Christi Police Department promptly of any changes regarding the alarm system at my dwelling/business, monitoring company, status or other pertinent pieces of information. I/We further agree that I shall comply with all provisions of City Ordinance Chapter 3 1/2 Alarm Systems. I accept responsibility for all fines and fees that may result from the operation of this alarm system.

Applicant's/Authorized Signature: _____

** For businesses, must be subscribed and sworn to by the individual who has the authority and responsibility for the management and operations within state