



TOWN OF LITTLE ELM ALARM PERMIT APPLICATION

Little Elm Alarm Program P. O. Box 140935 Irving, TX 75014-0935 • (877) 305-5196

Please Print or Type

NAME OF PERMIT HOLDER / RESPONSIBLE PERSON:

NAME: [Grid]

MAILING ADDRESS: [Grid]

CITY: [Grid] STATE: [Grid] ZIP: [Grid]

PHONE: DAY [Grid] [Grid] [Grid] EVENING: [Grid] [Grid] [Grid]

NAME OF BUSINESS/RESIDENT: [Grid]

ALARM SITE ADDRESS: [Grid]

ALARM SITE TELEPHONE: [Grid] [Grid] [Grid]

ARE THERE DOGS ON PREMISES? GUNS? HANDICAPPED PERSONS?

ALARM OWNER WAS/WAS NOT TRAINED ON THE OPERATION OF THE ALARM AT THE TIME OF INSTALLATION.

(CHECK ONE) INITIAL _____

ALARM IS: RESIDENTIAL COMMERCIAL AUDIBLE SILENT

TYPE OF ALARM: BURGLARY ROBBERY FIRE MEDICAL PANIC

CHECK ALL THAT APPLY: GLASS BREAKAGE MOTION DETECTION DOOR ACTIVATION

WINDOW ACTIVATION GARAGE DOOR ACTIVATION PANIC BUTTON AUTOMATIC RESET

POLICE NOTIFIED BY: ALARM CO. PANEL OTHER (SPECIFY) [Grid]

ALARM OR MONITORING COMPANY:

NAME: [Grid]

ADDRESS: [Grid]

CITY: [Grid] STATE: [Grid] ZIP: [Grid]

PHONE: [Grid] [Grid] [Grid]

DATE ALARM INSTALLED: [Grid] / [Grid] / [Grid] DATE SERVICES BEGAN: [Grid] / [Grid] / [Grid]

CONTACT PERSONS:
MUST HAVE ACCESS TO PREMISES AND ALARM 30 MINUTES MAXIMUM RESPONSE TIME. LIST 3 CONTACTS.
(PROVIDE NAME, DAYTIME AND EVENING PHONES).

#1 NAME: [Grid]

PHONE: DAY [Grid] [Grid] [Grid] EVENING: [Grid] [Grid] [Grid]

#2 NAME: [Grid]

PHONE: DAY [Grid] [Grid] [Grid] EVENING: [Grid] [Grid] [Grid]

#3 NAME: [Grid]

PHONE: DAY [Grid] [Grid] [Grid] EVENING: [Grid] [Grid] [Grid]

SIGNATURE OF PERMIT HOLDER: _____ DATE: [Grid] / [Grid] / [Grid]