

**CITY OF KIRBY
ALARM SYSTEM PERMIT APPLICATION**

Date of Application: _____ Expiration Date: 12/31/___ Permit Number: _____		
<i>Type of Alarm:</i> (circle)	Residential	Commercial
Permit Holder: _____		
Last Name: _____	First Name: _____	M.I. _____
Business Name: _____		
Street Address: _____		
City: _____	State: _____	Zip: _____ Residence Phone: _____
Business Phone: _____		Alternate Phone: _____
Alarm Type: (circle all that apply)	Hold-Up	Intrusion Fire Panic Medical
Alarm Company: _____		Phone: _____

In Case Of Alarm Activation: (Three Contacts Must Be Provided)

Name: _____	Address: _____
Residential Phone: _____	Business Phone: _____

Name: _____	Address: _____
Residential Phone: _____	Business Phone: _____

Name: _____	Address: _____
Residential Phone: _____	Business Phone: _____

Information About Your Property: (Such as dogs in the back yard, privacy fence, etc)

Instructions: Complete all blocks and return this form to the Kirby Police Department, 4130 Ackerman Road, Kirby, Texas 78219, along with your payment. Any payments made by check will be made out to "City of Kirby." Alarm Permits are renewable 30 days prior to the expiration date listed on the top of this application.

Receipt: (FOR OFFICE USE ONLY)

Date of Payment: _____ **Check Number:** _____ **Amount:** _____

Received By: _____

Original Copy- Permit Holder 2nd Copy- City Hall 3rd copy- Police Department