



SELMA POLICE DEPARTMENT



CITY OF SELMA ALARM SYSTEM APPLICATION/PERMIT

Name of Applicant _____ Date of Application _____

Address _____ Telephone _____

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 in the Texas Local Government Code and that it will be maintained in the manner provided therein and that I will comply with each applicable provision of said code.

Type of alarm: Burglar _____ Panic _____ Fire _____ Medical _____ Other _____

Name, License Number & Phone Number of Alarm Company: Name _____

Address _____ Lic. No. _____ Phone No. _____

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 Number _____ Date Issued _____

\$100.00 FINANCIAL INSTITUTION Issuing Authority _____

\$ 25.00 COMMERCIAL

\$ 5.00 RESIDENTIAL

Note: This permit is non-transferable. Expires _____

Would you like an email reminder? _____