



CITY OF SELMA ALARM SYSTEM APPLICATION/PERMIT



Name of Applicant _____ Application Date _____

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 _____

Alarm Monitoring Company Information; Company Name; _____ Telephone#; _____
The below named individual or organization can be contacted to respond to the location within a reasonable amount of time after activation)

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

Applicant Signature _____ Permit Number _____ Date Issued _____

\$100.00 FINANCIAL INSTITUTION Issuing Authority _____

\$ 50.00 COMMERCIAL

\$ 10.00 RESIDENTIAL

Note: This permit is non-transferable. Expires _____

Would you like an e-mail reminder? Please add your Email; _____