

FAIRVIEW POLICE DEPARTMENT RESIDENTIAL ALARM PERMIT APPLICATION

Ш	NEW ALAKM	(\$50.00
	DENIEWAI	(\$25.00

Permit #_

□ RENEWAL

Alarm Permit requirement: Town of Fairview Ordinance 2013-9-3B requires all alarm systems, whether monitored or not, in any home or business in Fairview to have a valid Alarm Permit and for those permits to be renewed annually during the month of January.

Registration options: Complete this form and submit with your payment **OR** complete application online at www.fairviewtexasalarm.com. When paying with a credit card, online or in person, there is a 3% service fee.

Lact Name:		First Name:
Last Name: DOB:	DI #·	First Name: State:
Property Address:	<i>DL</i> π.	Fairview, Texas 750
Mailing Address if different from Pro		Tan view, Texas 750
Email Address:		
Primary Phone #:	Secondary	Phone #:
OCCUPANTS: List occupants who	live or are authorized to b	e at Property Address:
Name/DOB:	Name/DO	DB:
Name/DOB:	Name/DC	JB:
Name/DOB:		Continue on back of this form if necessary
ALARM SYSTEM:		
Alarm System Monitored: YES	NO	
Alarm System Monitored: YES Alarm Company Name: Gate code if applies:		Phone #:
Gate code if applies:	Firearms in the	residence:
If so, please provide a cell number to	be texted	Alarm call at your residence? f any occupant(s) who are unable to SEE, SPEAK,
If so, please provide a cell number to Special Medical Alert information:	be texted	
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su	be texted	f any occupant(s) who are unable to SEE, SPEAK,
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su EMERGENCY CONTACT INFOR	be texted	f any occupant(s) who are unable to SEE, SPEAK,
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su EMERGENCY CONTACT INFOINAME:	be texted	f any occupant(s) who are unable to SEE, SPEAK,
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su EMERGENCY CONTACT INFO Name: Address:	be texted List Name and description of the control of the	f any occupant(s) who are unable to SEE, SPEAK,
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su EMERGENCY CONTACT INFOL Name: Address: Does this person have a key or code to the contact of the code	be texted	f any occupant(s) who are unable to SEE, SPEAK,
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su EMERGENCY CONTACT INFO Name: Address: Does this person have a key or code to Name: Address:	be texted	f any occupant(s) who are unable to SEE, SPEAK, Contact Phone#: Contact Phone#:
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su EMERGENCY CONTACT INFO Name: Address: Does this person have a key or code to Name: Address:	be texted	f any occupant(s) who are unable to SEE, SPEAK, Contact Phone#: Contact Phone#:
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su EMERGENCY CONTACT INFOI Name: Address: Does this person have a key or code to Name: Address: Does this person have a key or code to Does this p	be texted	f any occupant(s) who are unable to SEE, SPEAK, Contact Phone#: Contact Phone#:
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su EMERGENCY CONTACT INFOL Name: Address: Does this person have a key or code to Name: Address: Does this person have a key or code to PET INFORMATION: Pet Name:	List Name and description of the chas Dementia, etc. RMATION: to your home? Pet Type:	Contact Phone#: Pet Demeanor:
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su EMERGENCY CONTACT INFO Name: Address: Does this person have a key or code to Name: Address: Does this person have a key or code to PET INFORMATION: Pet Name:	List Name and description of the chas Dementia, etc. RMATION: to your home? Pet Type:	Contact Phone#: Pet Demeanor:
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su EMERGENCY CONTACT INFO Name: Address: Does this person have a key or code to Name: Address: Does this person have a key or code to PET INFORMATION: Pet Name:	List Name and description of the chas Dementia, etc. RMATION: to your home? Pet Type:	Contact Phone#: Pet Demeanor:
If so, please provide a cell number to Special Medical Alert information: HEAR, WALK or has other illness su EMERGENCY CONTACT INFO Name: Address: Does this person have a key or code to Name: Address: Does this person have a key or code to PET INFORMATION: Pet Name: Pet Name: Pet Name:	List Name and description of the chas Dementia, etc. RMATION: to your home? Pet Type:	Contact Phone#: Pet Demeanor: Pet Demeanor: Pet Demeanor: Pet Demeanor: Pet Demeanor:

Call 972-886-4211 ext: 5022 or email sgandy@fairviewtexas.org regarding questions about the Alarm Permit Requirement.

Mail to: Town of Fairview, Attn: Alarm Permits, 372 Town Place, Fairview, Texas 75069

Use this space for additional occupants:						
				· · · · · · · · · · · · · · · · · · ·		