

CITY OF SAGINAW ALARM APPLICATION

PLEASE CHECK ONE		
<input type="checkbox"/> NEW PERMIT	<input type="checkbox"/> RENEWAL PERMIT	<input type="checkbox"/> CHANGES ONLY

BUSINESS/RESIDENTIAL INFORMATION

BUSINESS NAME:		PHONE:
HOMEOWNER LAST NAME:		FIRST:
ADDRESS:		APT/SUITE:
OWNER HOME PHONE:	OWNER CELL PHONE:	OWNER WORK PHONE:

EMERGENCY CONTACTS

NAME:		KEYHOLDER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HOME PHONE:	CELL PHONE:	WORK PHONE:		
NAME:		KEYHOLDER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HOME PHONE:	CELL PHONE:	WORK PHONE:		
NAME:		KEYHOLDER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HOME PHONE:	CELL PHONE:	WORK PHONE:		

ALARM COMPANY

NAME:	PHONE:
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Please complete the application, include the permit fee and mail to the following address:

**SAGINAW POLICE DEPARTMENT
ATTN: RECORDS
505 W. MCLEROY, SAGINAW, TX 76179**

COMPLIANCE AGREEMENT

I hereby certify as applicant for an alarm system installation within the City of Saginaw that I have read and become familiar with the City Code and City Resolution regulating the installation and operation of alarm systems and I do hereby agree with said Code and Resolution and I do accept all responsibilities for payment of fees and for the operation of the alarm system.

Signature of Applicant

Date of Application

THIS PERMIT IS NOT TRANSFERABLE

FOR OFFICE USE ONLY

DATE ISSUED	EXPIRATION DATE	ID#	PERMIT #
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	