

# 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 # _____	