



TOWN OF HICKORY CREEK ALARM PERMIT APPLICATION

PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION

1. Permit holder – We must have the name, driver's license number, business address and telephone numbers (home and business) of the person who will be responsible for the alarm system. A company name is not acceptable.
2. Signature of application/permit holder must be the signature of the person listed as the permit holder.
3. Please list all Zip Codes and Area Codes.
4. You must list TWO people who can respond to the alarm.
5. Please list the number at which the permit holder can be contacted in case of emergency. If the alarm is connected to the main phone of a home or business, **DO NOT LIST IT AS A CONTACT NUMBER.** Cell phone numbers are preferable.

Name of Business or Name of Property Owner or Occupant		Date of Application
Address of Alarm Site		<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Permit Holder (Owner or Contact Person responsible for the Alarm System)		Title (If any)
Last _____ First _____ M.I. _____		Driver's License # _____
Address of Permit Holder (If different from Alarm Site)		Contact # of Permit Holder () <input type="checkbox"/> Home <input type="checkbox"/> Cell
City _____ State _____ Zip Code _____		Business Phone # of Permit Holder ()
Secondary Person to Respond to Alarm		Contact # _____ Business Phone ()
Last _____ First _____ M.I. _____		()
Name of Alarm Company: _____ Phone number (____) _____		
Is alarm is monitored by an alarm company: <input type="checkbox"/> Yes <input type="checkbox"/> No Brand name of Alarm Used: _____		
Has there ever been another permit issued for this alarm site? <input type="checkbox"/> Yes (If yes, list Name) _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown		
This application is for: <input type="checkbox"/> New Permit <input type="checkbox"/> Renewal Previous Permit # _____		Type of Alarm (Check all that apply) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Personal Hostage/ Robbery
If new Owner, Date of Purchase _____		

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the Hickory Creek Town Ordinance, Article 8.04 and applicable State laws. I accept responsibility for all fees and fines that may result from the operation of the alarm system serving the above premises.

Signature of Applicant / Permit Holder

OFFICE USE ONLY	Date Received	Revocation Date	Received by
	Date Issued	Permit #	Reinstated Date