



Phone: 903-546-6321
Fax: 903-546-4878

CITY OF TOM BEAN
ALARM PERMIT APPLICATION

PLEASE PRINT
Your application will not be processed if not filled out legibly and completely

PLEASE READ BEFORE FILLING OUT APPLICATION:

1. **PERMIT HOLDER** – We must have the name, address, and telephone numbers (home & business) of the PERSON who will be responsible for the alarm system, and at least one alternative contact.
2. Signature of applicant / permit holder must be the signature of the person listed as the permit holder.
3. Please list all zip codes, and all area codes with requested information.
4. Application must include check, or United States Postal Money Order made out to the City of Tom Bean. Visa and MasterCard are also accepted.

The administration and enforcement of this ordinance, including but not limited to the insurance of permits, collection of applicant's fees, and the revocation of permits is the sole responsibility of the City of Tom Bean and is no way reflective of the acts or intentions of any alarm company.

ALARM LOCATION INFORMATION:

NAME (Business OR Resident Name) _____

ALARM LOCATION ADDRESS _____

MAILING ADDRESS (if different) _____

DATE OF OCCUPANCY _____

PERMIT HOLDER INFORMATION (PERSON / USER RESPONSIBLE FOR ALARM SYSTEM)

NAME _____ DRIVER'S LICENSE # _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

TITLE (Owner, Tenant, Manager, etc.) _____

PHONE # HOME _____ PHONE # WORK _____

PHONE # CELL _____ EMAIL _____

SECONDARY CONTACT INFORMATION (IN CASE PERSON LISTED ABOVE CANNOT BE REACHED)

NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

TITLE (Owner, Tenant, Manager, etc.) _____

PHONE # HOME _____ PHONE # WORK _____

PHONE # CELL _____



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PERMIT TYPE:

- Commercial (\$50 fee)
- Residential (\$20 fee)
- Government
- Individual Apartment: Complex name: _____ Apt. # _____

ALARM COMPANY NAME AND PHONE NO: _____

ALARM TYPE: Burglary Hold-up / Robbery / Silent Panic Other _____

ALARM FUNCTION (CHECK ALL THAT APPLY): LOCALIZED AUDIBLE MONITORED OTHER _____

PLEASE SUBMIT A SEPARATE PERMIT APPLICATION & FEE FOR EACH SYSTEM.

OFFICE USE ONLY	DATE RECEIVED	PERMIT NUMBER	EXPIRATION DATE

I have carefully read the completed application and certify the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all provisions of Tom Bean Municipal Ordinance 2017-08 and any applicable state laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system described above.

Printed Name of Applicant

Signature of Applicant

Date

Send completed application and check or money order to:
CITY OF TOM BEAN
P.O. BOX 659
201 S. BRITTON ST.
TOM BEAN, TX 75489