



# LUBBOCK POLICE DEPARTMENT

## ALARM PERMIT APPLICATION / RENEWAL

### 1. APPLICANT

Full Name of Business/Owner/Resident \_\_\_\_\_ C.E.O. / Manager (if applicable) \_\_\_\_\_

Alarm Site Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (Required) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name & Full Address of Applicant (if different) \_\_\_\_\_ Drivers License Number & State (Required) \_\_\_\_\_

2. Alarm Site: ( ) Residential ( ) Commercial ( ) Other

3. Alarm Type: ( ) Burglary ( ) Robbery

4. Alarm Monitoring Company:

Full Name/Address of Alarm Monitoring Company \_\_\_\_\_ Alarm Company Phone Number(s) \_\_\_\_\_

5. Permit Holder Responsible For Alarm: When the alarm is activated, list whom you wish to respond to the alarm, in order of preference. List the permit holder, if applicable, then persons who can secure the premises. (Name, Address, and phone numbers required)

1. \_\_\_\_\_ Phone (Hm&Wk) \_\_\_\_\_  
2. \_\_\_\_\_ Phone (Hm&Wk) \_\_\_\_\_

(Please initial each set of parenthesis indicating your understanding. Failure to do so will result in a delay processing the application.)

( ) I have read the completed application and represent the same to be true and correct. ( ) I have received a copy or read City Of Lubbock Ordinance No. 2001-00087. ( ) I agree, that if a permit is issued, I will comply with the provisions of any applicable Texas State Law and the City of Lubbock Ordinance No. 2001-00087. ( ) I further acknowledge the \$50.00 Alarm Permit Application fee and understand this fee is nonrefundable whether or not the permit is issued.

I accept responsibility for payment of all fees or fines that may result from the operation of the alarm system serving the above alarm site. I will surrender this permit if I transfer ownership of the alarm site property.

Permit Applicant Signature (Required) \_\_\_\_\_ Date of Birth (Required) \_\_\_\_\_ Date Signed (Required) \_\_\_\_\_

**\*Please refer to the included invoice for exact pricing\***

**LUBBOCK POLICE DEPARTMENT USE ONLY  
DO NOT WRITE IN THIS SECTION**

PERMIT # \_\_\_\_\_

DATE RENEWED: \_\_\_\_/\_\_\_\_/\_\_\_\_

Original Permit

Renewal Permit

Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

Credit Card \_\_\_\_\_

No Charge

**Make Checks Payable To:  
City of Lubbock**

**Credit Card Payments by mail:  
Completed Authorization Form is required**

**Return this form and registration fee to:  
City of Lubbock  
Community Intelligence Unit  
P.O. Box 2000  
Lubbock, TX 79457**