



## Leander Police Department



### ALARM PERMIT APPLICATION

NAME (MUST be an <i>individual</i> ) TO BE PERMIT HOLDER:		BUSINESS NAME <i>if applicable</i> :	
MAILING ADDRESS (if different than site address):			
ALARM SITE ADDRESS:		NAME OF SUBDIVISION:	
NAME OF ALARM COMPANY:		ALARM CO. PHONE #:	
CATEGORY OF SYSTEM: (Circle <u>one</u> for either residential or commercial use) <div style="text-align: center;"><b>RESIDENTIAL</b> <b>COMMERCIAL</b></div>			
PERMIT HOLDER'S CONTACT NUMBERS:			
SITE PHONE # _____			
OTHER PHONE(S) # _____		(1st ALTERNATE CONTACT)	
#2 KEYHOLDER <i>OTHER THAN PERMIT HOLDER</i> (Optional):			
NAME: _____			
CONTACT PHONE #: _____			
#3 KEYHOLDER <i>OTHER THAN PERMIT HOLDER</i> (Optional):			
NAME: _____			
CONTACT PHONE #: _____			
#4 KEYHOLDER <i>OTHER THAN PERMIT HOLDER</i> (Optional):			
NAME: _____			
CONTACT PHONE#: _____			
ANIMAL(S) ON SITE NAME/DESCRIPTION: _____ _____			
SIGNATURE OF APPLICANT: _____ DATE: _____ By signing, I agree to abide by the terms & conditions of the Commercial & Residential Alarm Ordinance and agree to pay all fines & fees that I incur.			
<b>Fee \$30.00 received by _____ for processing on _____, 20____</b> <b>Make checks payable to: the City of Leander</b> <b>[Mail to: Alarm Administrator/Leander Police Department; 705 Leander Dr., Leander, TX 78641]</b>			