



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)	
<p>RESIDENTIAL</p> <p>COMMERCIAL</p>	
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.	
<p>Fee \$30.00 received by _____ for processing on _____, 20____</p> <p>Make checks payable to: the City of Leander</p> <p>[Mail to: Alarm Administrator/Leander Police Department; 705 Leander Dr., Leander, TX 78641]</p>	