FORT BEND COUNTY SHERIFF'S OFFICE
ALARM DETAIL

Mail to: 1410 Williams Way Blvd.
Richmond, Texas 77469
Phone: 281-341-4610

ALARM PERMIT APPLICATION

Permit Number (Office Use Only)	Issue Date (Office Use Only)

Type of Application	Type of Permit	
_____ New Permit $35.00 _____ Renewal $10.00 _____ Change of Information _____ Cancellation of Permit	_____ Residential _____ Business	Please make Checks or Money Orders payable to Fort Bend County. Issuance of Permit serves as receipt. Thank You.

INSTRUCTIONS: To process this application and avoid delay in obtaining a permit, please ensure: (1) To include correct fee. (All returned checks are subject to fees and/or criminal prosecution) (2) To complete all mandatory fields (3) To submit this application (signed/dated) to the above address ATTN: ALARM DETAIL. An alarm permit will be mailed at the address indicated for your records in 5-7 days. Fees/fines are subject to change at any time. THE REGULATION OF ALARMS SYSTEMS AS AUTHORIZED BY TEXAS LOCAL GOVERNMENT CODE 233.092 AND ADMINISTERED BY THE FORT BEND COUNTY SHERIFF'S OFFICE may be viewed online at www.co.fort-bend.tx.us

Residential Permit Holder Name: _____ _____
Last First

Business Permit Holder Name: *(For Business Permit Only)* _____

Address: _____ _____ _____
(Location of Alarm System) City Zip Code

Phone: ( )_____ ( )_____ ( )_____
Home Cell Work

Subdivision: _____ Nearest Intersection: _____
If Applicable *Mandatory for Subdivisions*

Mailing/Billing Address: _____ _____ _____
(If different than above Address) Street Address/P.O. Box City/State Zip Code

Alarm Company Name: _____ *_____
TX Board of Private Investigators License #

Local Phone #: _____ (*Obtain license number from your Alarm Company)*

Texas Driver License/D.P.S. Identification#: _____
(Mandatory to process Residential or Business application)

CONTACTS: Please list names and local telephone numbers of 2 (two) persons which are able to and agreed to respond WITHIN (1) ONE HOUR after requested by a Ft. Bend Co. law enforcement official to grant access to the alarm site and deactivate the alarm system if necessary.

Name:_____ **Phone #:** _____ **Phone #:** _____
(___Owner ___Relative ___Friend ___Employee)

Name:_____ **Phone #:** _____ **Phone #:** _____
(___Owner ___Relative ___Friend ___Employee)

The Applicant/Permit Holder acknowledges and represents that all outstanding fees, fines, charges, costs and/or court judgments relating to the Rules Governing the Regulation of Alarm Systems within Fort Bend County, Texas and owed to Fort Bend County have been paid or satisfied. Please note that Fort Bend County has rules, policies and procedures that are not specified on this application which can be viewed online. The Applicant/Permit Holder acknowledges and authorizes that information contained in the alarm records of the Alarm Detail may be given to their alarm company for the purpose of the reduction of false alarms. (There is no fee for up to (5) false alarms per year, but not less than $75 fee charged afterwards), and affirms that that all information herein is true and correct to the best of their knowledge. This application may be denied or permit revoked for false or misleading information and that the Applicant, if other than the intended permit holder, certifies herein that he/she is authorized to act for the intended permit holder.

APPLICANT SIGNATURE: _____ DATE: _____