## MCALLEN POLICE DEPARTMENT CRIME RECORDS OFFICE



Alarm Permit Application

	☐New Application ☐Residence	n		
PERMIT HOLDER NAM	ME:			
Mailing /Billing Address:		City:	State:	_ Zip:
Telephone#: Work Telephone#:				
ALARM SITE (RESIDENT/BUSINESS NAME):			Telephone: _	
Physical Address:		Al	larm Activation Date:	
Nature of Business (if applicable):		Operatir	_ Operating Business Hours:	
	ALAR	m Company's Inform	IATION	
ALARM COMPANY'S N	ALARM COMPANY'S NAME:		Telephone#:	
Alarm Company's Ado	dress:		State:	_ Zip:
to the permit holder.	F 8 6	Address	Home Phone	Work Phone
1. 2. 3.				
2. 3.  I hereby affirm that the alarm system for which  Applicant's Signature Date  Ordinance 42-41(Permit requires)  (a) A person commits an offer him a duty or responsibility (b) A person who violates a present the system of	above listed inform this permit is being te ired; application; fees; re unse if he violates by commy. rovision of this article is g	nation is true to the best o g applied does not violato	of my knowledge and a the City Ordinance I	further affirm that the Number 1983-45.
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