



1522 Texas Parkway
Missouri City, TX 77489
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Phone: (281) 403-8643 Fax: (281) 261-4382

Account # _____

Alarm Permit Registration Application



PRINT LEGIBLY. \$50.00 ANNUAL NON-REFUNDABLE PERMIT FEE. Make checks payable to City of Missouri City. THIS FORM MAY BE FAXED, MAILED, EMAILED OR SUBMITTED IN PERSON. PAYMENT MAY BE TAKEN OVER THE PHONE.

1 Alarmed Location

Occupant Name or Business Name _____			Preferred Method _____		Email Address _____	
Address _____						Suite/Apt# _____
City _____	State _____	Zip _____	Date of Birth (REQUIRED) _____		Drivers License #/State(REQUIRED) _____	

2 Mailing Address Same as above

Name _____			Cell _____
Address _____			Home _____
City _____			Cell2 _____
State _____			Work _____
Zip _____			

3 Contact Names

Contact 1			Cell _____
Name -REQUIRED _____			Home _____
Contact 2			Cell _____
Name - REQUIRED _____			Home _____
Contact 3			Cell _____
Name - OPTIONAL _____			Home _____

4 Additional Information

Date Installed/Activated _____ Audible

Special Conditions/ Hazards _____

5 Alarm Companies Not Monitored

Monitored By _____

Alarm Co Address _____ **Alarm Company Phone#** _____

I understand that, in accordance with City Ordinance 0-05-52, applicant is financially responsible for all charges and penalties specific in this section.

Signature _____ **Date** _____