

Arlington Police Department • Burglar Alarm Permit Application • Residential

Application will not be processed without an attached check or money order for \$50.00, made payable to the City of Arlington. **Persons over 65 or 100% disabled veterans do not have to pay the permit fee if the permit address is their primary residence.** Mark the appropriate box to the right. **Please print your information clearly.**

APD Alarm Office phone: 817-459-6472

I am over 65 and claim the age fee exemption. I live at the permit address.

I am a 100% disabled veteran and a copy of my VA Determination Letter is attached. I live at the permit address.

In Person:

Arlington Police Department
620 W. Division Street
Arlington TX 76011
M-F, 8am – 5pm

By Mail:

Alarm Office 04-0101
Arlington Police Department
Post Office Box 1065
Arlington TX 76004-1065

Individual Permit For: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home				Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal	
Street Address to be Permitted		Apt. #	Arlington	Zip Code	Home Phone
Applicant's Full Name		Date of Birth		Texas Driver's License or State ID #	
Home Address (if different from permit address)		City & State		Zip Code	Date Moved to Permit Address
Billing Address (if different from permit address)		City & State		Zip Code	E-Mail

NOTE: All correspondence will be mailed to the Billing Address.

A. Name of 1 st Person to Contact in an Emergency		Primary Phone	Alternate Phone
B. Name of Person to Contact in an Emergency		Primary Phone	Alternate Phone
C. Name of Person to Contact in an Emergency		Primary Phone	Alternate Phone

Alarm Company Name		Address (include city and zip code)		Phone
Pets: Number and Type Inside			Pets: Number and Type Outside	
Any Other Pertinent Information About the Location				

Confidentiality. Alarm system locations, types of systems, and the names of occupants at permitted locations are confidential information. The Police Department cannot disclose this information to others. See Section 1702.284 of the Texas Occupations Code for further information.

"The information contained in this application is true and correct as of the date of this application. I will inform the Police Department promptly of any changes. I shall comply will all provisions of the Alarms Chapter of the Code of the City of Arlington and all applicable laws of the State of Texas. I accept responsibility for all fines and fees that may result from the operation of the alarm system for the premises named in this application, and shall pay all costs, expenses, and attorney's fees incurred or paid by the City of Arlington for the collection of such fines or fees."

Applicant's Signature	Applicant's Name Printed	Date Signed
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ANNUAL RENEWAL REQUIRED

For Office Use Only		
Date Received/Issued	Expiration Date	Permit #