



# CITY OF CLUTE

OFFICE OF THE CHIEF OF POLICE

CHIEF OF POLICE

MARK S. WICKER



## Alarm Permit Application

### Alarm Location:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### Alarm System Installer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Emergency/Night Telephone Numbers (Please fill out even if you do not have an alarm)

Name:

Phone / Cell Phone:

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

### Alarm Permit Renewal Information: (Please indicate below, where the renewal application is to be sent)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I, understand, swear or affirm that the above information is true and correct to the best of my knowledge. I also acknowledge that any permit issued as a result of this application is non-transferable and expires at 12:00 o'clock midnight on January 31, 2010.

\_\_\_\_\_  
Applicant's Signature