



CITY OF CLEBURNE

P.O. Box 140518, Irving, TX 75014, Phone: 1-888-250-5614

ALARM PERMIT APPLICATION

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.

(Please print)

Type of Alarm: Residential Commercial Govt Entity Burglary Robbery Panic

Do you have video verification alarm system installed at your alarm location? Yes No

Name of Registration Holder:

Business Name:

Name of responsible party:

Alarm Location:

(Include Building/Apt #)
(Include Suite or Unit #)

City: State: Zip:

Billing Address:

(if different)
City: State: Zip:

Enroll to Go Paperless: (If enrolled, you opt for email notifications and you will no longer receive notifications by USPS. If not enrolled, you agree to receive notifications by USPS.)

Email Address:

(If enrolled to Go Paperless, valid email address is mandatory.)
Home Phone: Cell Phone:

Office Phone:

EMERGENCY CONTACTS

Name:

Phone #1: Phone #2:

Name:

Phone #1: Phone #2:

SPECIAL CONDITIONS

In order to ensure the safety of our officers, the public and to enable the Cleburne Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, weapons, hazardous substances, etc.)

Comment:

ALARM INSTALLATION DETAILS

Alarm Installation Date: / / Phone #:

Alarm Installation Company:

Address:

Monitoring Company:

(if different)
Address:

Phone #:

PLEASE READ THE FOLLOWING AND SIGN:
This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated, I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The Police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) _____ Date: / /

*In accordance with the City of Cleburne, TX - Ordinance No. 104, if you have an active alarm system in the Cleburne, TX, it must be registered with the Cleburne, Texas separately. The fee for permit registration and false alarms is set forth below and shall be paid by the alarm user.

Registration/ Renewal Fee: • \$15.00 for Residential • \$50.00 for Commercial

False Alarm Fines

Burglary/Robbery/Panic Hold Up – Registered location Fine Schedule
 • 1st to 3rd false alarm: \$0.00 • 6th to 7th false alarm: \$75.00
 • 4th to 5th false alarm: \$30.00 • 8th false alarm and above: \$100.00

Burglary/Robbery/Panic Hold Up – Unregistered and expired permit location Fine Schedule
 • 1st false alarm: \$50.00
 • 2nd false alarm and above: \$140.00

For Customer Service Call: 1-888-250-5614
Mail this form and payment to:
 City of Cleburne False Alarm Reduction Program
 P.O. BOX 140518, IRVING, TX 75014