



Galveston Police Dept.

Alarm Permit Office
P.O. Box 17251
Galveston, TX 77551

Account # _____

Registration Form



INSTRUCTIONS: Print legibly or type. Complete all application items. Complete a separate application for each address to be permitted. Attach payment and return to the address shown at the bottom of this form

1 Alarmed Location

Occupant Name or Business Name _____

Address _____

Suite/Apt# _____

City _____ State _____ Zip _____

2 Responsible Party

Name _____

Phn1 _____

Phn2 _____

Address _____

Phn3 _____

City _____ State _____ Zip _____

email _____

3 Contact Names

Contact 1

Name _____

Phn1 _____

Phn2 _____

Contact 2

Name _____

Phn1 _____

Phn2 _____

4 Additional Information

Special Conditions/ Hazards _____

5 Alarm Companies

Not Monitored

Monitored By

_____ Phn1 _____

Sold By

_____ Phn1 _____

I understand that, in accordance with City Code, applicant is financially responsible for all charges and penalties specific in this section.

Signature _____ Date _____

NOTE: If information provided in application changes, you must notify the Security Alarm Enforcement Section within ten (10) working days. Attach your check, made payable to the City of Galveston, for non-refundable application fee and mail or deliver to:

City of Galveston attn. Cashiers
PO Box 779
Galveston, TX 77553