



CITY OF SAGINAW

ALARM PERMIT APPLICATION

Check One: NEW RENEWAL Date of Application: ___/___/___

Alarm Site: **Check One:** Residence Business

Name: _____

Address of Alarm Site: _____

INCLUDE SUITE / APT AND ZIP

Main Phone Number of Resident or Business: _____

Mailing Address if different from Alarm Site: _____

INCLUDE SUITE / APT AND ZIP

Primary Contact or Permit Holder (Person Responsible for Alarm System):

Contact Name: _____

Home# _____ Work # _____ Cell# _____

Secondary Contact:

Contact Name _____

Home # _____ Work # _____ Cell# _____

Alarm Company Name: _____ Alarm Company Phone: _____

Please complete the application, include the permit fee of \$10.00 and mail or bring to:

SAGINAW POLICE DEPARTMENT

ATTN: RECORDS

505 WEST MCLEROY BLVD

SAGINAW, TEXAS 76179

Hours: Monday – Thursday 8:00 am – 5:30pm, Friday 8:00am – 11:30am

COMPLIANCE AGREEMENT –

I hereby certify as applicant for an alarm system installation within the City of Saginaw that I have read and become familiar with the City Code and City Resolution regulating the installation and operation of alarm systems and I do hereby agree with said Code and Resolution and I do accept all responsibilities for payment of fees and for the operation of the alarm system.

Signature of Applicant

Date Signed

FOR OFFICE USE ONLY

Expiration Date ___/___/___ Permit # _____ Received by _____

Payment Method: CASH CHECK # _____