

Alarm Permit Application Residential / Business

Annual Permit Fee: \$25.00 Residential \$50.00 Business	or firefighter	w hazards that police officers rs might encounter at the alarm s, barbed wire, chemicals, etc.)
Mail to: City of Elsa P.O. Box 427 Elsa, TX 78543 Phone: 956-262-2127		
	nstruction before filling ete and mail to or drop off at the	
 Applicant – The Planning number of the person responsible. Signature must be the sign and the sign are include all zip code and the sign are include a check or include a check o	onsible for the alarm systemature of the person listed ass.	s the permit holder.
Address where alarm will be	located (include apt, bldg. &	unit number)
Applicant / Permit holder's r	name (Last, First Middle)	
Driver's License (No/State)	Contact Phone Ema	il Address
If alarm is located at a Busin	ess- Name of Business	
Address where alarm permit	is to be mailed if different from	om above
Location where alarm is located Alarm Company Name/Phone		
List two persons who have agreed	to receive notifications for al	arm activations for permit holder.
Name:	Home Phone	Cell Phones
ignature of Permit Applicant		Date