

Renewal Fee \$10.00
Late Fee \$5.00

MANOR POLICE DEPARTMENT ALARM PERMIT APPLICATION (For Single Alarm System)

Permit Fee: \$50.00 per Residential System
\$50.00 per Commercial System
\$50.00 per School or Similar Occupancy
No Fee for Government Agencies *

List any known hazards police officer or firefighters may encounter at alarm site, such as explosives, dangerous chemicals, razor/barbed wire, animals etc.

Mail to: City of Manor
P.O. Box 387
Manor, Texas 78653

Phone: (512) 272-8177 Fax: (512) 278-0072 for questions e-mail: police@cityofmanor.org

Please Read Instructions, and complete and return your application to the address above.

Please print clearly or type. Permit is valid for one year from month issued.

1. Applicant – The City of Manor must have the name, driver’s license, home address and telephone number of the **person** who will be responsible for the alarm system. **Driver’s License number is for identifying Permit Holder Applicants with similar names. A COMPANY NAME IS NOT ACCEPTABLE!**
2. Signature of the Permit Holder Applicant must be the signature of the person listed as Permit Holder.
3. Please include ZIP CODE plus extended zip code and telephone area codes.
4. Application **MUST** include a **cashier’s check or money order payable** to The City of Manor.
5. **Credit cards** are currently being accepted.

Type of Alarm <input type="checkbox"/> Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Fire <input type="checkbox"/> Medical/Distress			
Type of location where system is used (check one only)			
<input type="checkbox"/> Residential (\$50.00)		<input type="checkbox"/> Commercial (\$50.00)	
			<input type="checkbox"/> Governmental (No Fee)
Alarm Company Name	Company Name (if Commercial)	Office Name (if Governmental)	Phone Number
Permit Holder’s Name (Last, First, Middle Initial)		Email Address	Job Title (if Commercial)
		@	
Drivers License (State & Number Required)	Day phone number	Night phone number	
Permit Holder’s Home Address (include apt., bldg. or unit)		City, State, Zip + 4	
Address where alarm will be located (include apt., bldg. or unit)		Zip Code	
Billing Address where permit is to be mailed		City, State, Zip + 4	
Permit Type: (check one only) <input type="checkbox"/> New Permit \$50.00 <input type="checkbox"/> Renewal \$10.00 <input type="checkbox"/> Information Change (No Charge)			
Permit Number if Renewal or Information Change: _____		Old Alarm Location: _____	
Is alarm location in a gated community? <input type="checkbox"/> Yes <input type="checkbox"/> No Gate Code: _____			
Names and phone numbers of two persons MPD can contact in an emergency, if we are unable to contact the Permit Holder. (This information is essential)			
Name	Day Phone Number	Night Phone Number	
Name	Day Phone Number	Night Phone Number	

Submit a separate application and fee for each alarm system.

I have carefully read the completed application and know it to be true and correct. I accept responsibility for the payment of all fees and fines that may result from the operation of the alarm system described above. Alarm permit must be kept at alarm site.

Signature of Applicant/Permit Holder (Required)

Date

MPD – Alarm

Do NOT write below this line OFFICE USE ONLY

Date of Application: _____ [] Approved [] Rejected
Alarm Administrator Processing Application: _____
Billing Number: _____ Permit Number: _____
Permit Fee Amount: \$ _____
[] Has applicant ever been fined for abusive alarm
[] Has applicant ever had his/her permit revoked
[] Has applicant previously held permit with City?
Date Permit Issued _____
Permit Expiration Date _____
Permit Issued By _____
Copy of Alarm Ord. 411 to applicant _____ Applicant's Initials _____