



City of Dickinson • Burglar Alarm Permit Application

Application will not be processed without an attached check or money order, made payable to the City of Dickinson. The permit becomes effective on the date the completed application is received, and will be mailed to the Billing Address you provide. **Please print your information clearly** and return with payment.

By Mail or In Person:
City of Dickinson
Permit Department
4403 Highway 3
Dickinson, TX 77539

For: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Other (Specify):			Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal		
Address to be Permitted		Dickinson	Zip Code	Date Moved to This Address	
Name of Business/Organization (fill in applicant section if residential)				Business/Organization Phone	
Billing Address (if different from permit address)		City & State		Zip Code	Billing Phone
Mail Permit to the Attention of:					

NOTE: All correspondence will be mailed to the Billing Address.

Applicant's Full Name (person responsible for the alarm)			Date of Birth		
Home Address		City & State		Zip Code	Home Phone
Business Address		City & State		Zip Code	Business Phone
E-mail Address:				State/DL#	
B. Name of Person to Contact for After-Hours Emergency					Phone

Alarm company information MUST be filled out

Alarm Company Name		Address (include city and zip code)		Phone	
Any Other Pertinent Information About the Location					
E-Mail Address:					

Confidentiality. Alarm system locations, types of systems, and the names of occupants at permitted locations are confidential information. This information cannot be disclosed to others. See Section 1702.284 of the Texas Occupations Code for further information.

"The information contained in this application is true and correct as of the date of this application. I will inform the City of Dickinson promptly of any changes. I shall comply will all provisions of the Alarms Chapter of the Code of the City of Dickinson and all applicable laws of the State of Texas. I accept responsibility for all fines and fees that may result from the operation of the alarm system for the premises named in this application, and shall pay all costs, expenses, and attorney's fees incurred or paid by the City of Dickinson for the collection of such fines or fees."

Applicant's Signature		Applicant's Name Printed		Date Signed	
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For Office Use Only

Date Received/Issued		Expiration Date		Permit #	
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