



City of Pasadena, Texas Alarm Permit Application For Burglar and/or Holdup Alarm Systems

Permit #: _____

Expiration Date: _____

Business Application/Renewal Fee: \$30.00
 Residential Application/Renewal Fee: \$15.00
 Check or money order payable to: City of Pasadena
 1201 Davis St. Pasadena, Tx 77506 Attn: Alarm Permit

- | | | |
|--------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> New Permit | <input type="checkbox"/> Update |
| <input type="checkbox"/> Business | <input type="checkbox"/> Renewal | <input type="checkbox"/> Cancel |

Alarm Location Information:

| | | | | |
|--|---|--|----------|----------|
| Address of Alarm (Where alarm is located): | Suite, Apartment # | City | State | Zip Code |
| Name of resident or Business: | | Phone # | | |
| Name of Alarm Company | Address & Phone # | Names of Residents at Alarm Site if Apartment or Residence : | | |
| OnDuty Systems, LP | 13110 Southwest Fwy, Sugar Land, TX 77478 | 1. _____ | 2. _____ | |
| | 713-378-7500 | 3. _____ | | |

1. **Permit Holder Contact Information:** Person responsible for notification, responding to alarm site within 1 hour, grant access, maintenance, operation of alarm system and payments.

| | | | | |
|-----------------------|------------------|--------------------|------------------|----------------|
| Last Name | First Name | Initial | Driver License # | Date of Birth |
| Street #, Street Name | | Suite, Apartment # | City | State Zip Code |
| Home Phone # | Business Phone # | Cell Phone # | | |

2. **First Local Emergency Contact:** Person to receive notification, respond to alarm site within 1 hour and grant access.

| | | | |
|-----------------------|------------------|--------------------|---------------------|
| Last Name | First Name | Initial | Driver License # |
| Street #, Street Name | | Suite, Apartment # | City State Zip Code |
| Home Phone # | Business Phone # | Cell Phone # | |

3. **Second Local Emergency Contact:** Person to receive notification, respond to alarm site within 1 hour and grant access.

| | | | |
|-----------------------|-----------------|--------------------|---------------------|
| Last Name | First Name | Initial | Driver License # |
| Street #, Street Name | | Suite, Apartment # | City State Zip Code |
| Home Phone # | Business Phone# | Cell Phone # | |

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Pasadena City ordinance ch. 30. I accept responsibility for payment of all fees and fines that may result from the operations of the alarm system servicing the above premises.

Signature: _____

Date: _____