



# CITY OF NEWARK

## Alarm Permit Application / Information Update



Please type or print in **BLOCK CAPITAL LETTERS** clearly inside the box.

To obtain an alarm permit, please include this alarm application along with the one time fee of \$50 for residential or commercial alarms to the **CITY OF NEWARK, ALARM PROGRAM, P.O. BOX 140787 IRVING, TX 75014-0787**

If you move, notify the Newark Alarm Program at (877) 305-5197

### PLEASE PRINT OR TYPE APPLICATION

Business     Residential

Business: [Grid]

Name: [Grid]

LAST

FIRST

MIDDLE

Address: [Grid] Apt/Ste#: [Grid]

Phone: [Grid] Cell: [Grid]

Email: [Grid]

### Emergency Information for contact when alarm is activated (List only local contacts)

Name: [Grid] Keys for entrance?  Yes  No

Address: [Grid] Phone: [Grid]

Name: [Grid] Keys for entrance?  Yes  No

Address: [Grid] Phone: [Grid]

### COMPLETE FOR BUSINESS ONLY

Principal Officers. Corporation. Partnership or Association

Name: [Grid] Phone: [Grid]

Address: [Grid]

Name: [Grid] Phone: [Grid]

Address: [Grid]

### ALARM INSTALLED BY

Name: [Grid]

Address: [Grid] Phone: [Grid]

Alarm Monitored by: [Grid]

Address: [Grid] Phone: [Grid]

Type of alarm:  Silent  Audible  Other [Grid]

Applicant's Signature \_\_\_\_\_

Date: [Grid] / [Grid] / [Grid]

Address: [Grid]