



Troy E. Nehls
Sheriff

FORT BEND COUNTY SHERIFF'S OFFICE
ALARM PERMIT APPLICATION

Mail to: Ft. Bend Co. Sheriff's Office
1410 Williams Way Blvd.
Richmond, Texas 77469
Attn: Alarm Detail



Phone: 281-341-4610
Fax: 281-341-4613

Permit Number <i>(Office Use Only)</i>	Issue Date <i>(Office Use Only)</i>

Type of Application	Type of Permit	
<input type="checkbox"/> New Permit \$35.00 <input type="checkbox"/> Renewal \$10.00 <input type="checkbox"/> Change of Information <input type="checkbox"/> Cancellation of Permit	<input type="checkbox"/> Residential <input type="checkbox"/> Business	Please make Checks or Money Orders payable to: Fort Bend County . Issuance of Permit printed on yellow paper serves as receipt. Thank You.

INSTRUCTIONS: To expedite and avoid delay in obtaining a permit, please ensure: 1. Correct fee *(Returned checks are subject to fees and/or criminal prosecution.)* 2. Complete all mandatory fields, sign and date 3. Mail to above address ATTN: ALARM DETAIL. Upon receipt and verification, an Alarm Permit will be mailed to the address indicated. **Permits are to be updated on a yearly basis and kept on location to be presented as requested by law enforcement.** Fees are subject to change. THE REGULATION OF ALARMS SYSTEMS AS AUTHORIZED BY TEXAS LOCAL GOVERNMENT CODE 233.092 AND ADMINISTERED BY THE FORT BEND COUNTY SHERIFF'S OFFICE may be viewed online at www.co.fort-bend.tx.us

Residential Permit Holder Name: _____
 Or _____ Last _____ First
Business Permit Holder Name: *(For Business Permit Only)* _____

Address: _____
(Location of Alarm System) _____ City _____ Zip Code _____

Phone: _____
 Home _____ Cell _____ Work _____

Subdivision: _____ Nearest Intersection: _____
If Applicable _____ *Mandatory for Subdivisions*

Mailing/Billing Address: _____
(If different than above Address) _____ Street Address/P.O. Box _____ City/State _____ Zip Code _____

Alarm Company Name: _____ * _____
Local Phone #: _____ TX Board of Private Investigators License #
 _____ *(*Obtain license number from your Alarm Company)*

Texas Driver License/D.P.S. Identification#: _____
(Mandatory to process Residential or Business application. Use Contact information for Business applications.)

CONTACTS: List names and local telephone numbers of 2 (two) persons-*may include yourself*-which are able to and agree to respond within (1) one hour if requested by a Ft. Bend Co. law enforcement official to grant access to the alarm site and deactivate the alarm system if necessary.

Name: _____ Phone #: _____ Phone #: _____
 (___ Owner ___ Relative ___ Friend ___ Employee)

Name: _____ Phone #: _____ Phone #: _____
 (___ Owner ___ Relative ___ Friend ___ Employee)

The Applicant/Permit Holder acknowledges and represents that all outstanding fees, fines, charges, costs and/or court judgments relating to the Rules Governing the Regulation of Alarm Systems within Fort Bend County, Texas and owed to Fort Bend County have been paid or satisfied. Please note that Fort Bend County has rules, policies and procedures that are not specified on this application which can be viewed online. The Applicant/Permit Holder acknowledges and authorizes that information contained in the alarm records of the Alarm Detail may be given to their alarm company for the purpose of the reduction of false alarms. There is no fee for up to (5) false alarms per year, but not less than \$75 fee charged afterwards, and affirms that all information herein is true and correct to the best of their knowledge. This application may be denied or permit revoked for false or misleading information and that the Applicant certifies herein that he/she is authorized to act for the intended permit holder. **Permits are not transferable.**

APPLICANT'S SIGNATURE: _____

DATE: _____