TOWN OF FAIRVIEW POLICE DEPARTMENT

Residential ALARM PERMIT APPLICATION

Alarm Permits are Required: The Town of Fairview requires an Alarm Permit for each property that has an installed alarm whether it is monitored or not. As provided by the Fairview Ordinance (Article 4.05) the fee for a New Alarm Permit is $50.00. **Alarm permits are required to be renewed in January of each year at a fee of $25.00.**

Submit your Permit Online: The Town has recently launched our Alarm Permit Online website: www.fairviewtexasalarm.com. The website has been designed to make completing the permit and paying by credit card simple.

☐ **New Alarm** ☐ **Renewal**

Alarm Permit Location Information

First Name:		**Primary Phone:**	( )
Middle Name:		**Secondary Phone:**	( )
Last Name:		**Property Address**	
Email:		**Street Address:**	
Additional Occupants: (List all occupants who live or authorized to be inside the alarm location)		**City:**	Fairview
Name & Age:		**State:**	TX
Name& Age:		**Zip Code:**	75069
Name& Age:			
Name & Age:			
Name & Age:			
Name& Age:			

Alarm Information

Alarm Type: *Circle one*	Audible Silent	**Monitored:**	Yes No
Burglary: *Circle one*	Yes No	**Alarm Company Name:**	
Panic: *Circle one*	Yes No	**Alarm Company Phone number:**	
Robbery: *Circle one*	Yes No	**System Name:**	
Fire: *Circle one*	Yes No	**Special Alarm Alert** *Circle one*	Yes No

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Special Medical Alert Information: List all names and description of any occupants who are unable to **SEE, SPEAK, HEAR**, or **WALK** below:

Permit Holder Information

If Permit Holder information is the same as Permit Location Information than **check** this box ☐ and leave the information blank below **except for Date of Birth and Driver's License #.**

First Name:		**Primary Phone:**	( )
Middle Name:		**Secondary Phone:**	( )
Last Name:		**Date of Birth:**	
Email Address:		**Driver's License # & State**	
Permit Holder Address			
Street Address:*		**State:**	
City:		**Zip Code:***	

Additional Contact Information: (People we can contact in case of an Emergency)

Contact #1		**Contact #2**	
First Name:		**First Name:**	
Middle Name:		**Middle Name:**	
Last Name:		**Last Name:**	
Primary Phone:		**Primary Phone:**	
Secondary Phone:		**Secondary Phone:**	
Email Address:		**Email Address:**	

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Pet Information			
Pet #1		**Pet #2**	
Pet Type: (dog, cat, etc)		**Pet Type:** (dog, cat, etc)	
Pet Name:		**Pet Name:**	
Pet Breed:		**Pet Breed:**	
Demeanor:		**Demeanor:**	
Pet #3		**Pet #4**	
Pet Type: (dog, cat, etc)		**Pet Type:** (dog, cat, etc)	
Pet Name:		**Pet Name:**	
Pet Breed:		**Pet Breed:**	
Demeanor:		**Demeanor:**	

Signature:_____Date:_____

Instructions:

Complete all required fields (*) of this permit and either mail or walk it in to the Town Hall. If you are mailing in your completed permit make the check payable to the **Town of Fairview.**

Mailing Address:

Town of Fairview
372 Town Place
Fairview, TX 75069