Permit #



FAIRVIEW POLICE DEPARTMENT NEW ALARM (\$50.00) RESIDENTIAL ALARM PERMIT APPLICATION RENEWAL (\$50.00)

Alarm Permit requirement: Town of Fairview Ordinance 2022-24 requires all alarm systems, whether monitored or not, in any residential (including individual apartment units), commercial or other non-residential alarm sites in Fairview to have a valid Alarm Permit. All Alarm Permits must be renewed annually during the month of January. Residential renewal permit fee(s) paid after January 31st are considered late and incur a late fee of \$12.50.

Registration options: Complete this form and submit with your payment <u>OR</u> complete application online at <u>www.fairviewtexasalarm.com</u>. When paying with a credit card, online or in person, there is a 3% service fee.

	<u>:</u>		
Last Name:	DL#:	First Name:	
DOB:	DL#:		State:
Property Address:	m Property Address (include Sui	Suite or Apt #	Fairview, Texas 7506
Email Address:			
Primary Phone #:	Secondar	y Phone #:	
	s who live or are authorized to		
Name/DOB:	Name/D	OB:	
Name/DOB:	Name/D	OB:	
Name/DOB:	Name/De Name/De	Continue on back	k of this form if necessary.
ALARM SYSTEM:			
Alarm System Monitored: Y	ES NO		
Alarm Company Name:	Firearms in the	Phone #:	
Gate code if applies:	Firearms in the	residence:	
Do you wish to be notified via t	text message if Police receive an ber to be texted	Alarm call at your residence	?
Do you wish to be notified via t If so, please provide a cell number of the second sec	text message if Police receive an	Alarm call at your residence of any occupant(s) who are to	?
Do you wish to be notified via t If so, please provide a cell number of the second sec	text message if Police receive an ber to be texted tion: List Name and description ess such as Dementia, etc	Alarm call at your residence of any occupant(s) who are to	?unable to SEE, SPEAK,
Do you wish to be notified via t If so, please provide a cell number of the solution of the so	text message if Police receive an ber to be texted tion: List Name and description ess such as Dementia, etc NFORMATION:	Alarm call at your residence of any occupant(s) who are to	?unable to SEE, SPEAK,
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Do you wish to be notified via to If so, please provide a cell number of the source of	text message if Police receive an ber to be texted tion: List Name and description ess such as Dementia, etc NFORMATION: code to your home?	Alarm call at your residence of any occupant(s) who are to Contact Phone#:	?
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Do you wish to be notified via to If so, please provide a cell number of the solution of the s	text message if Police receive an ber to be texted	Alarm call at your residence of any occupant(s) who are to Contact Phone#: Contact Phone#: Pet Demeanor:	?
Do you wish to be notified via to If so, please provide a cell number of the solution of the s	text message if Police receive an ber to be texted	Alarm call at your residence of any occupant(s) who are to Contact Phone#: Contact Phone#: Pet Demeanor: Pet Demeanor:	?
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If you are mailing in this application please attach a check payable to Town of Fairview for the appropriate fee. Mail to: Town of Fairview, Attn: Alarm Permits, 372 Town Place, Fairview, Texas 75069

Use this space for additional occupants:					