



finance@wstx.us
817-246-4971 ext 213

Alarm Permit Application

INCOMPLETE FORMS WILL NOT BE PROCESSED

Permit # _____

(*) indicated item must be completed

APPLICATION *	PERMIT TYPE *	ALARM TYPE *
<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Fire Permit <input type="checkbox"/> Alarm Permit
PERMIT HOLDER NAME (list only 1 person) or NAME OF BUSINESS (For Commercial Permits) *	PRIMARY PHONE *	SECONDARY PHONE *
*ALARM SITE ADDRESS (include suite number, if applicable) This is the physical address of your residence or business (No P.O. Boxes)		ALARM SITE PHONE
White Settlement, TX 76108		
Billing Mailing Address (if different from Alarm Site)		
Mailing Address (include suite number, if applicable) _____ City _____ State _____ Zip _____		

ALARM COMPANY INFORMATION (Company AND Phone Number Required)

ALARM COMPANY NAME *	ALARM COMPANY PHONE *

DRIVERS LICENSE OR ID NUMBER	STATE

REMIT PAYMENT AND COMPLETED APPLICATION TO: BY MAIL: City of White Settlement 214 Meadow Park Drive White Settlement, TX 76108 (817) 246-4971	IN PERSON City Hall Water Utilities Drop Box Facing 214 Meadow Park Drive	NON-REFUNDABLE PERMIT FEE: RESIDENTIAL & COMMERCIAL: \$25 <i>Bi-Annual Fee</i>
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CONSENT TO ENTRY YES NO

PRIMARY CONTACT NAME	PRIMARY PHONE
SECONDARY CONTACT NAME	SECONDARY PHONE

I have carefully read and completed the above application. By signing this application, I state that the information given is true to the best of my knowledge, and that I understand and agree to the provisions as set forth by the Code of Ordinances Chapter 4- Alarms. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system servicing the above premise. I agree that when notified by the City, I will respond or cause a representative to respond to the site of the alarm to provide emergency personnel access, or to reset, or deactivate the alarm system.

APPLICANT'S SIGNATURE *	DATE *

Once the application is processed, the Permit Holder listed above can request an email with your Alarm Permit # _____ and renewal date _____. Send Email to: _____.

PLEASE SIGN & RETURN WITH PAYMENT