ALARM USER REGISTRATION & RENEWAL APPLICATION

_____

Return to: **TYLER POLICE DEPARTMENT**
BURGLAR ALARM COORDINATOR
711 W FERGUSON STREET
TYLER, TX 75702

GENERAL INSTRUCTIONS: ***Please provide your current information and payment as indicated below. The Responsible Party block is for your mailing address. Your Burglar Alarm Permit will be issued for a two-year period and mailed to your Responsible Party. A renewal application form will also be mailed approximately one month in advance of your permit's expiration date. If you have questions, please call the Burglar Alarm Coordinator at 903-531-1054; or, visit our website www.cityoftyler.org (CityDepartments/Police/Divisions/BurglarAlarm).***

I AM APPLYING FOR: ( ) my first Burglar Alarm Permit at the given location ( ) renewal of my expiring or expired Burglar Alarm Permit. THIS ALARMED LOCATION IS WITHIN CITY OF TYLER JURISDICTION AND IS: ( ) residential ( ) non-residential.

LOCATION -		RESPONSIBLE PARTY	
NAME (LAST, FIRST OR BUSINESS NAME)		LAST, FIRST	
STR # STREET NAME APT/SUITE	eMAIL ADDRESS	STR # STREET NAME APT/SUITE	eMAIL ADDRESS
CITY, STATE ZIP		CITY, STATE ZIP	
Ph1	Ph2	Ph1 Ph2	Ph3 Ph4
PHONE 1	PHONE 2	PHONE 1-2	PHONE 3-4

Original Issue Date Special Conditions

CONTACT PERSON 1		CONTACT PERSON 2	
NAME (LAST, FIRST)		NAME (LAST, FIRST)	
Ph1 Ph2	Ph3 Ph4	Ph1 Ph2	Ph3 Ph4
PHONE 1-2	PHONE 3-4	PHONE 1-2	PHONE 3-4

SPECIAL CONDITIONS

MONITORED BY		INSTALLED BY	
COMPANY NAME		COMPANY NAME	
ADDRESS (STR # STREET NAME APT/SUITE		ADDRESS (STR # STREET NAME APT/SUITE	
CITY, STATE ZIP		CITY, STATE ZIP	
PHONE 1	PHONE 2	PHONE 1	PHONE 2

PAYMENT INSTRUCTIONS: ***A $30 permit fee is required with your original and each two-year renewal application. Your check or money order should be made payable to the City of Tyler and MAILED WITH THIS COMPLETED FORM to the address given at the top of the page; or, you may submit your application in person with a cash or charge card payment. If your registration form and the payment must be mailed from separate locations, please explain in the space above; also, the separate payment must include our invoice number for proper credit.***

I certify that the information provided above is complete and correct to the best of my knowledge and ability.

AUTHORIZED SIGNATURE:_____DATE: _____

****

Office Use Only: RECEIVED $ _____ ( ) Cash ( ) Charge ( ) MO or Check #_____

Customer Receipt #_____ NEW PERMIT ISSUE DATE _____ By _____

TPD Form #A-078, Revised 05/22/2012