



Permit Department
3805 Adam Grubb
Lake Worth, Texas 76135-3509
Phone: 817-255-7920
Fax: 817-237-1333
Email: kdavis@lakeworthtx.org
Website: www.lakeworthtx.org

ALARM PERMIT

OCCUPANT/BUSINESS INFORMATION

| | | | |
|----------|-----------------|--------|------|
| Name: | Contact Person: | | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | Email: | |

ALARM COMPANY INFORMATION:

| | | | |
|---------------|-------|--------|------|
| Company Name: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | Email: | |

EMERGENCY CONTACT INFORMATION

| | | |
|-----------------------------|-------|--------|
| 1. Emergency Contact Person | Name: | Phone: |
| 2. Emergency Contact Person | Name: | Phone: |
| 3. Emergency Contact Person | Name: | Phone: |

ALARM SYSTEM INFORMATION

| | | | | |
|--|---------------------------------|-------------------------------|-----------------------------------|--|
| TYPE OF ALARM SYSTEM INSTALLED (PLEASE CHECK ALL THAT APPLY) | | | | |
| <input type="checkbox"/> AUDIBLE | <input type="checkbox"/> SILENT | <input type="checkbox"/> FIRE | <input type="checkbox"/> BURGLARY | <input type="checkbox"/> ROBBERY/ HOLD UP |
| DOES ALARM RESET AUTOMATICALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

I hereby certify that I verified the application contents and know the same to be true and correct. I will comply with Lake Worth Ordinance #351, and all applicable state laws. I accept responsibility for payment of all fees that may result from the operation of the alarm system.

| | |
|----------------------|--------|
| Applicant Signature: | Date: |
| Printed Name: | Title: |