

**CITY OF PORTLAND, TEXAS
ALARM PERMIT APPLICATION**



City Ordinance Article VIII, Sec. 11-133 prohibits any person from installing or maintaining a burglar alarm or hold-up alarm within the city without a permit. A permit is required for each location and type of alarm notification being emitted from each alarm site.

NEW PERMIT
 RENEWAL
 UPDATE

PERMIT FEES & ALARM TYPE				
PREMISE TYPE:	PERMIT FEES:	ALARM TYPE: (Check all that apply)	REQUEST PERMIT:	PERMIT #:
<input type="checkbox"/> Residential	\$35.00	<input type="checkbox"/> Burglary <input type="checkbox"/> Local	<input type="checkbox"/> Email <input type="checkbox"/> Mail	
<input type="checkbox"/> Commercial	\$35.00	<input type="checkbox"/> Robbery <input type="checkbox"/> Fire	<input type="checkbox"/> Pick Up <input type="checkbox"/> No Copy	
<input type="checkbox"/> Financial Institution	\$100.00	<input type="checkbox"/> Medical/Life Alert Only (No Charge)		
<input type="checkbox"/> Government / ISD	No Charge			
** PERMIT VALID (1) YEAR FROM DATE ISSUED **				
MAKE PAYABLE TO: CITY OF PORTLAND (Check, Money Order, and Cash is acceptable) RETURN TO: PORTLAND POLICE DEPARTMENT Attn: Police Clerk, 1902 BILLY G WEBB PORTLAND, TX 78374				
NOTICE: Credit card payments can be made in person at the City Hall Building, 1900 Billy G. Webb Dr. Portland, TX. If you have any questions regarding your account, please contact Megan Davis at 361-777-4721 or megan.davis@portlandtx.gov .				
Please Type or Print. The application will be returned if not filled out completely.				

RESPONSIBLE PARTY		
NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. (One Per Application – Legal Name Required)	DATE:	
DL / ID #:	STATE:	DOB:
HOME:	WORK:	MOBILE:
EMAIL: (Optional)		

PREMISE LOCATION	
RESIDENTIAL or BUSINESS ADDRESS:	MAIN PHONE #:
BUSINESS NAME: (If Com/Fin/Gov)	
MAILING ADDRESS: (If different from above)	
ALARM MONITORING COMPANY:	PHONE #:
** INSTRUCTIONS OR INFORMATION THAT MAY HARM OR ASSIST EMERGENCY PERSONNEL **	

EMERGENCY CONTACTS		
CONTACTS WHO HAVE THE ABILITY AND THE AUTHORITY TO ACCESS MY RESIDENCE OR BUSINESS AND MAY BE CALLED UPON TO ASSIST EMERGENCY PERSONNEL GAIN ENTRY IN MY ABSENCE		
NAME:	PHONE 1:	PHONE 2:
NAME:	PHONE 1:	PHONE 2:
NAME:	PHONE 1:	PHONE 2:

AGREEMENT									
I AUTHORIZE RESPONDING EMERGENCY SERVICES PERSONNEL TO ENTER MY HOME OR BUSINESS IF IT IS FOUND TO BE UNSECURED OR IF EMERGENCY CIRCUMSTANCES EXIST THAT WOULD NECESSITATE IMMEDIATELY ENTRY. I HAVE BEEN GIVEN A COPY OF THE PORTLAND CITY ORDINANCE AND UNDERSTAND AS AN ALARM USER I AM RESPONSIBLE FOR THE PROPER MAINTENANCE AND OPERATION OF THE ALARM SYSTEM AND FOR PAYMENT OF ALL FEES OR CHARGES LEVIED UNDER THIS ARTICLE, I UNDERSTAND THAT MY ALARM IS PRESUMED TO BE WORKING AND SUBJECT TO REGULATION UNTIL SUCH TIME AS I NOTIFY THE CITY THAT THE ALARM SYSTEM HAS BEEN DEACTIVATED AND IS NO LONGER SUBJECT TO REGULATION									
SIGNATURE: _____			PRINT NAME: _____				DATE: _____		
OFFICE USE ONLY	RECEIVED:	BY:	PAYMENT TYPE <input type="checkbox"/> Cash <input type="checkbox"/> MO <input type="checkbox"/> Check	PROCESSED:	AT#:	CD#:	DATA FORM:	EXP DATE:	COMPLETED