

# CITY OF DEL RIO

## ALARM REGISTRATION PERMIT APPLICATION (For Single Alarm System)

Permit Fee:    **\$25.00 per Residential System**  
                   **\$50.00 per Commercial System**  
                   **No Fee for Government Agencies**

Mail to: Code Compliance Department  
 109 W. Broadway  
 Del Rio, TX 78840

Phone: (830) 774-8526    Fax (830) 703-5305

**Please Read Instructions, and complete and send your application to the address above.**

List any known hazards police officers or firefighters may encounter at alarm site, such as explosives, dangerous chemicals, razor/barbed wire.

\_\_\_\_\_

\_\_\_\_\_

**Please print clearly or type.**

- Expiration Date**
1. Applicant - the City of Del Rio must have the name, Drivers license, home address and telephone number of the **person** who will be responsible for the alarm system. **Driver's License number is for identifying Permit Holder Applicants with similar names. A COMPANY NAME IS NOT ACCEPTABLE!**
  2. Signature of the Permit Holder Applicant must be the signature of the person listed as Permit Holder.
  3. Please include ZIP CODE plus extended zip code and telephone area codes.  
 Application **MUST** include a check or money order payable to **The City of Del Rio**.

**Issued by**

Type of Alarm     Burglary     Robbery     Fire     Medical/Distress

Type of location where system is used (check one only)  
 Residential (**\$25.00**)     Commercial (**\$50.00**)     Governmental (**No Fee**)

Alarm Company Name                      Company Name (if Commercial)    Office Name (if Governmental)

Permit Holder's Name (Last, First, Middle Initial)                      Job Title (If Commercial)

**Permit Number**

Driver's License (State & Number Required)    Day phone number    Night phone number

Permit Holders Home Address (include apt., bldg. or unit number)    City, State, ZIP +4

Address where alarm will be located (include apt., bldg. or unit)    Zip Code

Billing Address where permit is to be mailed    City, State, Zip +4

Permit Type: (check one only)    New Permit     Renewal     Information Change (No Charge)

Permit Number if Renewal or Information Change: \_\_\_\_\_ Old Alarm Location: \_\_\_\_\_

**Date Issued**

Is alarm location in a gated community?    Yes     No    Gate Code: \_\_\_\_\_

Names and phone numbers of two persons DRPD can contact in an emergency, if we are unable to contact the Permit Holder. **(This information is essential)**

|      |                  |                    |
|------|------------------|--------------------|
| Name | Day Phone Number | Night Phone Number |
|      |                  |                    |
| Name | Day Phone Number | Night Phone Number |
|      |                  |                    |

**FOR OFFICE USE ONLY**

**Submit a separate application and fee for each alarm system.**

I have carefully read the completed application and know it to be true and correct. I accept responsibility for the payment of all fees and fines that may result from the operation of the alarm system described above. Alarm permit must be kept at alarm site.

\_\_\_\_\_  
 Signature of Applicant/Permit Holder (**Required**)

\_\_\_\_\_  
 Date