



Commercial Alarm Permit

Business Owner / Primary Contact Information

Name: _____

Address: _____

Responsible Party _____

Cell Phone _____

Business Phone _____

Email Address: _____

(Email address will be used for renewal purposes only)

Mailing Address: _____

Secondary Contact Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Alarm Company Information

Alarm Company: _____ Phone # _____

Alarm Type: Fire Medical Audible Intrusion Silent/Panic/Hold Up

(check all that apply)

Please mail this form along with your \$10.00 payment payable to the City of Sachse to the address below.

All information is Confidential and for Sachse Police Department Use Only

SACHSE POLICE DEPARTMENT 3815 D SACHSE RD. SACHSE, TX 75048 972-495-2271