



Residential Alarm Permit

Resident (s) / Primary Contact Information

Name:

Address:

Home Phone:

Cell Phone:

Work Phone:

Email Address:

(Email address will be used for renewal purposes only)

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