



City of Sachse

ALARM PERMIT APPLICATION

Resident Information

Name: _____

Home Phone #: _____

Address: _____

Work # (optional): _____

Alarm Information

Alarm Type: Fire Intrusion Robbery Panic Medical Other _____

Silent: Yes No Audible: Yes No

Alarm Company: _____

Alarm Company Phone #: _____

Contact Information

***** Contact person must be able to respond within 30 minutes.*****

Contact Person (1): _____ Phone #: _____

Contact Person (2): _____ Phone#: _____

Contact Person (3): _____ Phone#: _____

Date: _____ Fee Paid: \$ _____

PERMIT FEE \$10.00 FOR TWO YEARS

Return this completed form along with payment to:

Sachse Police Department

3815 Sachse Rd.

Sachse, TX 75048

972-495-2271