

OFFICE OF SHERIFF SMITH COUNTY

LARRY R. SMITH
227 NORTH SPRING AVE.
TYLER, TEXAS 75702



ALARM PERMIT APPLICATION & RENEWAL FORM

New Permit **Renewal** SCSO Permit # _____

Residential **Commercial** Alarm Company: _____

Name of Applicant: _____

Driver's License Number: _____ State: _____

"911" Physical Address at Alarm Site: _____

City: _____ State: _____ Zip: _____

Mailing Address, If Different: _____

Telephone Number at Alarm Site: _____ Applicant Cell: _____

Email Address for Applicant: _____

Type of Alarm: Audible Panic Robbery Silent Gate Code: _____

List of any known hazards (explosives, dangerous chemicals, etc.) at the alarm site Deputies or Firefighters may encounter when responding to a call at location: _____

Dogs on Premise: NO YES _____

Special Instructions to Responding Deputies: _____

Directions from Loop 323 to Alarm Site: _____

Please provide the name and contact number of your representatives to be contacted upon Alarm Activation:

NAME	RELATIONSHIP TO APPLICANT	PHONE
1. _____		
2. _____		
3. _____		

Neighbor: _____ PHONE: _____

SECTIONS 2.018 – WHEN PERMIT MAY BE REVOKED:

An alarm permit may be revoked upon the occurrence of one or more of the following:

- (a) The permit holder has failed to make payment in full to Smith County for any fees assessed under Section 2.006 and 2.017 hereof within sixty (60) days of the date the Sheriff has mailed notice to the Permit holder that such fees are due and owed.
- (b) The permit holder accrues more than nine (9) FALSE ALARMS during any twelve (12) month period, over and above the five (5) false alarms allowed during any twelve (12) month period. After the reinstatement in accordance with Section 2.017, above will be accessed if the permit holder accrues more than three (3) false alarms during the remainder of any twelve (12) month period.

This application shall be signed by the person making the application for permit, acknowledging that he/she has read the application, affirming the correctness and accuracy of the information given on the application, authorizing the release to the Sheriff of the information required hereunder, and, if such person making the application will not be the permit holder, certifying that he/she is authorized to act for the intended permit holder.

THE ALARM PERMIT FEE is \$25.00 and should be made payable to the **Smith County Treasurer**.
Or by **Credit Card** at <https://www.certifiedpayments.net> BUREAU CODE: 7943743

Signature of Applicant Acknowledging Above **Date**

Cancellation of Alarm Permit	
I authorize the termination of my permit for the following reason:	
<input type="checkbox"/>	I no longer occupy this address
OR	
<input type="checkbox"/>	The alarm system has been deactivated/disarmed and is no longer being operated at this location.

Signature Acknowledging Above	Date

Alarm Coordinator: *Lisa Francis Bennett*

FOR OFFICIAL USE ONLY	
PERMIT REC'D: _____	CHECK/M.O./CC _____
RECEIPT #: _____	EXPIRATION DATE: _____
COMMENTS: _____	