



# **Rockport Police Department**

714 E Concho St, Rockport, TX 78382  
(361) 729-1111

**Please provide all applicable information below. Return by mail or in person with \$25 to the Rockport Police Department. Payment can be cash or check made payable to the City of Rockport.**

## Alarm Permit Application

## Alarm Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Alarm Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment/Unit/Suite \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address/PO Box \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Burglary Alarm	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Check all applicable:</b>	Surveillance Camera(s) _____
Robbery/Panic Alarm	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Residential _____	Commercial _____
Fire Alarm	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Animals On Location _____	Dog(s) _____ Cat(s) _____ Other _____
			Occupied Full Time _____	Occupied Part Time _____

## Keyholders

1<sup>st</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

3<sup>rd</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Disclaimer and Signature

I hereby certify that the information contained in this application is true and correct as of the date of its submission, and that I will inform the Rockport Police Department promptly of any changes regarding the alarm system at my dwelling/business, monitoring company, status, or other pertinent pieces of information. I further agree that I shall comply with all provisions of City Ordinance 855 Burglary, Robbery and Fire Alarms. I accept responsibility for all fines and fees that may result from the operation of this alarm system.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_