



Troy E. Nehls  
Sheriff

# FORT BEND COUNTY SHERIFF'S OFFICE

## ALARM PERMIT APPLICATION



Phone: 281-341-4610  
Fax: 281-341-4627

Permit Number <i>(Office Use Only)</i>	Issue Date <i>(Office Use Only)</i>

<b>Type of Permit</b>	<b>Make Check / Money Order Payable to:</b> <b>FORT BEND COUNTY</b>	<b>MAIL TO:</b> Fort Bend County Sheriff's Office Attn: Alarm Detail 1410 Williams Way Blvd Richmond, TX 77469
<input type="checkbox"/> Residential <b>\$35.00</b>  <input type="checkbox"/> Business <b>\$35.00</b>	<b>Email:</b> <b>SOAlarmDetail@fortbendcountytexas.gov</b>	

**INSTRUCTIONS:** 1) Complete all fields, sign and date. 2. Mail to above address 3. Upon receipt & verification, an Alarm Permit will be mailed to the address indicated. The Alarm System Regulations as authorized by Texas Local Government Code 233.092 and administered by the Fort Bend County Sheriff's Office are available on our website as well as applicable forms and answers to questions you may have.  
[www.fortbendcountytexas.gov](http://www.fortbendcountytexas.gov)  
**Go to: Doing Business >> Permits >> Sheriff's Office**

**Residential Permit Holder Name:** \_\_\_\_\_  
Or  
Last \_\_\_\_\_ First \_\_\_\_\_

**Business Permit Holder Name:** *(For Business Permit Only)* \_\_\_\_\_

Address: \_\_\_\_\_  
*(Location of Alarm System)* \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Subdivision: \_\_\_\_\_ Nearest Intersection: \_\_\_\_\_  
*If Applicable* \_\_\_\_\_ *Mandatory for Subdivisions*

**Mailing/Billing Address:** \_\_\_\_\_  
*(If different than above Address)* Street Address/P.O. Box \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Alarm Company Name:** \_\_\_\_\_ \* \_\_\_\_\_  
TX Board of Private Investigators License #  
**Phone #:** \_\_\_\_\_ *(\*Obtain license number from your Alarm Company)*

**Texas Driver License/D.P.S. Identification#:** \_\_\_\_\_  
*(Mandatory to process Residential or Business application. Use Contact information for Business applications.)*

**CONTACTS:** List names and local telephone numbers of 2 (two) persons-*may include yourself*-which are able to and agree to respond within (1) one hour if requested by a Ft. Bend Co. law enforcement official to grant access to the alarm site and deactivate the alarm system if necessary.

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
*( \_\_\_ Owner \_\_\_ Relative \_\_\_ Friend \_\_\_ Employee)*

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
*( \_\_\_ Owner \_\_\_ Relative \_\_\_ Friend \_\_\_ Employee)*

The Applicant/Permit Holder acknowledges and represents that all outstanding fees, fines, charges, costs and/or court judgments relating to the Rules Governing the Regulation of Alarm Systems within Fort Bend County, Texas and owed to Fort Bend County have been paid or satisfied. Please note that Fort Bend County has rules, policies and procedures that are not specified on this application which can be viewed online. The Applicant/Permit Holder acknowledges and authorizes that information contained in the alarm records of the Alarm Detail may be given to their alarm company for the purpose of the reduction of false alarms. There is no fee for up to (5) false alarms per year, but not less than \$75 fee charged afterwards, and affirms that all information herein is true and correct to the best of their knowledge. This application may be denied or permit revoked for false or misleading information and that the Applicant certifies herein that he/she is authorized to act for the intended permit holder. **Permits are not transferable.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_