FORT BEND COUNTY
SHERIFF'S OFFICE

ALARM DETAIL & ADMINISTRATION UNIT

Troy E. Nehls
Sheriff

https://crywolf.fortbendcountytx.gov

Phone: 281-341-4610

CANCEL / UPDATE INFORMATION (FORM) | **PERMIT #:** _____

☐ **CANCEL ALARM PERMIT**

☐ **UPDATE INFORMATION**

Make Check Payable To:
FORT BEND COUNTY

Email:
SOAlarmDetail@fortbendcountytx.gov

MAILING ADDRESS
Fort Bend County Sheriff's Office
Attn: Alarm Detail
1410 Richmond Parkway
Richmond, TX 77469

**** IMPORTANT**** !y' !fl-NY' tŜNYłŭ łă bh¢ ¢NI-yăŦŜNI-ōfŜ ōè høyŜNăKłLJ 2N [2ŏI-ŭł2y'

Diconnected Monitoring Service | An Alarm Permit is still required even if an Alarm Company does not monitor your Alarm System for the reason that Law Enforcment still responds to certain types of alarms such as panic and hold-up alarms or those called in by a neighbor or third party.

Permit Holder Name: _____ _____
Last First

Business Holder Name: *(For Business Permit Only)* _____

Address: _____ _____ _____ _____
Alarm Site Ste / Apt # City Zip

Contact # _____ _____ **Email:** _____
Phone # Phone #

Texas Drivers License/D.P.S. Identification #:_____

Mandatory: May use Out-of-State Drivers License until Texas DL is obtained.

Mailing/Billing Address: _____ _____ _____ _____
(If different than above Address) Street Address / P.O. Box Ste / Apt # City/State Zip Code

Contact Information:(If requested by a Fort Bend County Law Enforcement Official, the Permit Holder MUST provide direct contact information for (2) persons **[may include yourself]** who are able to make location within (1) hour to grant access to the Alarm Site and deactivate the Alarm System if necessary. **** If Including yourself, you only need to write 'Self' in Contact 1**

Contact 1: _____ _____ **Ph #:** _____ **Ph #:** _____
Last Name First Name

Contact 2: _____ _____ **Ph #:** _____ **Ph #:** _____
Last Name First Name

Alarm Company Name: _____ **Phone #:** _____

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:** _____