



Permit Department
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ALARM PERMIT

OCCUPANT/BUSINESS INFORMATION

Name:	Contact Person:		
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

ALARM COMPANY INFORMATION:

Company Name:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

EMERGENCY CONTACT INFORMATION

1. Emergency Contact Person	Name:	Phone:
2. Emergency Contact Person	Name:	Phone:
3. Emergency Contact Person	Name:	Phone:

ALARM SYSTEM INFORMATION

TYPE OF ALARM SYSTEM INSTALLED (PLEASE CHECK ALL THAT APPLY)				
<input type="checkbox"/> AUDIBLE	<input type="checkbox"/> SILENT	<input type="checkbox"/> FIRE	<input type="checkbox"/> BURGLARY	<input type="checkbox"/> ROBBERY/ HOLD UP
DOES ALARM RESET AUTOMATICALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO				

I hereby certify that I verified the application contents and know the same to be true and correct. I will comply with Lake Worth Ordinance #351, and all applicable state laws. I accept responsibility for payment of all fees that may result from the operation of the alarm system.

Applicant Signature:	Date:
Printed Name:	Title:

Date Pd:	Amount Pd:	Receipt #:
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