



**Westworth Village**  
The Hidden Jewel of the Metroplex.

# Alarm Permit Application

City of Westworth Village – Dispatch Department: 817-738-3675  
311 Burton Hill Rd., Westworth Village, TX 76114

Application Date: \_\_\_\_\_

**Payments must be made by cash, money order, or check (made payable to City of Westworth Village) at the Dispatch Department.**  
**I understand that providing false information in this application is a felony in accordance with Texas Penal Code Chapter 37.10.**

**Permit Type:**     New Alarm Permit     Permit Renewal     Residential/ Tenant     Business/ Apt. Complex

**ALARM SITE INFORMATION**

Business or Occupant Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PERMIT HOLDER (PERSON RESPONSIBLE FOR THE ALARM SYSTEM)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: \_\_\_\_\_ TX Driver’s License #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

**PRIMARY PERSON TO RESPOND TO ALARM CALLS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**SECONDARY PERSON TO RESPOND TO ALARM CALLS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**ALARM COMPANY AND SERVICE TYPE**

Alarm Type:     Burglary/Fire     Hold-up/Fire     Burglary/Hold-up/Fire

Alarm Company Name: \_\_\_\_\_

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

**PERMIT HOLDER AGREEMENT (read before signing):**

I have read and understand the City Alarm Permit Ordinances and I agree:

- To comply with the Alarm Permit Ordinance and applicable state laws.
- To accept responsibility for payment of all fees and fines that may result in the operation of this Alarm.
- To report changes in my account information or the termination of my alarm service to the Police Department.

\_\_\_\_\_  
*Permit Holder Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Permit Holder Name (Print)*

\_\_\_\_\_  
*Permit #*

\_\_\_\_\_  
*Issuer’s Initials*

**FOR INTERNAL CITY USE ONLY**

**A. DISPATCH DEPARTMENT**

- Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_
- Application Payment Received by: \_\_\_\_\_ Date: \_\_\_\_\_
- Routed to Chief of Police by: \_\_\_\_\_ Date: \_\_\_\_\_

**B. CHIEF OF POLICE**

- Application Approved     Application Denied    Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

*If denied, route to City Secretary for issuance of denial notice.*

- Application Routed to PD Records by: \_\_\_\_\_ Date: \_\_\_\_\_

**C. CITY SECRETARY**

- Denial Notice Mailed to Applicant & Copied to Application by: \_\_\_\_\_ Date: \_\_\_\_\_

**D. POLICE RECORDS DEPARTMENT**

- Application Entered into RMS by: \_\_\_\_\_ Date: \_\_\_\_\_
- Filed in Accordance with PS4275-01a by: \_\_\_\_\_ Date: \_\_\_\_\_
- Notified by Utility Dept of Account Closure by: \_\_\_\_\_ Date: \_\_\_\_\_
- Verified Alarm Permit Cancelled by: \_\_\_\_\_ Date: \_\_\_\_\_
- RMS updated by: \_\_\_\_\_ Date: \_\_\_\_\_
- Inactive Permit Filed in Accordance with PS4275-01a by: \_\_\_\_\_ Date: \_\_\_\_\_

- Retention: PS4275-01a – Keep until expiration, cancellation, revocation, or denial + 2 years.