



**ALARM DETAIL & ADMINISTRATION UNIT**

[www.crywolf.fortbendcountytexas.gov](http://www.crywolf.fortbendcountytexas.gov)

Troy E. Nehls  
Sheriff

Phone | 281-341-4610

<b>ALARM PERMIT APPLICATION</b>		<b>Permit #</b>	
<input type="checkbox"/> <b>RESIDENTIAL \$35.00</b>  <input type="checkbox"/> <b>BUSINESS \$35.00</b>	Make Check / Money Order Payable to: <p align="center"><b>FORT BEND COUNTY</b></p> <hr/> Email: SOAlarmDetail@fortbendcountytexas.gov	<p align="center"><b>MAILING ADDRESS</b></p> Fort Bend County Sheriff's Office Attn: Alarm Detail 1410 Richmond Parkway Richmond, TX 77469	
<b>INSTRUCTIONS:</b> 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.			
Permit Holder Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>_____ Last</span> <span>_____ First</span> </div> Business Holder Name: <i>(For Business Permit Only)</i> _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____ Alarm Site</span> <span>_____ Ste / Apt #</span> <span>_____ City</span> <span>_____ Zip</span> </div> Contact # _____ Email: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>_____ Phone 1</span> <span>_____ Phone 2</span> </div>			
Subdivision   Neighborhood: _____		Main Intersection: _____	
Texas Drivers License/D.P.S. Identification #: _____ <i>Mandatory: May use Out-of-State Drivers License until Texas DL is obtained.</i>			
Mailing/Billing Address: _____ <i>(If different than above Address)</i> Street Address / P.O. Box Ste / Apt # City/State Zip Code			
<b>Contact Information:</b> (If requested by a Fort Bend County Law Enforcement Official, the Permit Holder MUST provide direct contact information for (2) persons [ <b>may include yourself</b> ] who are able to make location within (1) hour to grant access to the Alarm Site and deactivate the Alarm System if necessary. <b>** If including yourself, you only need to write 'Self' in Contact 1</b>			
Contact 1: _____		Ph #: _____	
_____ Last Name	_____ First Name		
Contact 2: _____		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: \_\_\_\_\_