



Pharr

Police Department



PHONE: 956-402-4700
Fax: 956 784-7839
MONDAY THROUGH FRIDAY 8 a.m. to 5 p.m.

CITY OF PHARR
BURGLARY ALARM PERMIT APPLICATION
FOR ONE ALARM SYSTEM

PLEASE PRINT
THE APPLICATION MUST BE RETURNED
IF NOT FILLED OUT COMPLETELY.

PERMIT FEE:
NEW ALARM RESIDENTIAL OR COMMERCIAL \$20.00
RENEWAL RESIDENTIAL OR COMMERCIAL \$15.00
LATE FEE AFTER THIRTY DAYS (30) \$50.00

List any known hazards police officers may encounter at alarm site:

PLEASE READ BEFORE FILLING OUT APPLICATION:

1. PERMIT HOLDER- We must have the name, address and telephone numbers (home and business) of the PERSON who will be responsible for the alarm system. A COMPANY NAME IS NOT ACCEPTABLE.
2. Signature of applicant/Permit holder - must be the signature of the person listed as permit holder.
3. Please list all zip codes and all area codes other than 956.
4. Application must include check or money order made out to **City of Pharr**. Also Cash accepted.
5. No permit fee shall be required for a permit obtained for an alarm system at a one-family dwelling when the alarm site is determined by the Chief or authorized designee to be occupied by a 65 years of age or older, declared disabled, or is the widowed spouse of a military veteran. **MUST SHOW PROOF**

ALARM SYSTEM LOCATION INFORMATION:

NAME (BUSINESS NAME OR RESIDENT NAME) Hidalgo County Health and Human Services
 ALARM LOCATION ADDRESS 300 W. Hall Acres Suite B APT # _____
 MAILING ADDRESS (if Different) Same
 EMAIL ADDRESS rigoberto.hinojosa@hchd.org

PERMIT HOLDER INFORMATION (PERSON/USER RESPONSIBLE FOR ALARM SYSTEM):

NAME Valde Guerra DRIVER'S LICENSE # _____
 RESIDENCE ADDRESS 505 S. McCall Suite J CITY Edinburg STATE Texas ZIP 78539
 TITLE (Owner, Tenant, Manager, etc.) County Executive Officer

PHONE # HOME _____ PHONE # WORK _____
 CONTACTS - Please list two (2) Local emergency contacts, other than the intended occupant, who are willing and able to respond **WITHIN THIRTY (30) MINUTES** to grant access, secure property or deal with emergency if the intended occupant cannot be contacted.

NAME OF CONTACT #1: Rigo Hinojosa PHONE NUMBER _____
 NAME OF CONTACT #2: Eduardo Olivarez PHONE NUMBER _____

PERMIT TYPE: PERMIT STATUS:

COMMERCIAL NEW ALARM RESIDENCE RENEWAL

65 OVER, DECLARED DISABLED OR WIDOWED SPOUSE OF MILITARY VETERAN

ALARM COMPANY NAME AND PHONE NUMBER: Superior Alarms (956) 213-2070

ALARM TYPE: Burglary Hold-up/Robbery/Panic/Hostage Other

SUBMIT A SEPARATE PERMIT APPLICATION (AND FEE) FOR EACH SYSTEM. PERMIT IS VALID FOR ONE YEAR FROM DATE OF ISSUE. I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Ordinance No. O-2014-26 of the City of Pharr and applicable state laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system described above.

DATE/SIGNATURE _____
 Signature of Applicant/Permit Holder

SEND COMPLETED/SIGNED APPLICATION AND CHECK TO:

CITY OF PHARR
C/O ALARMS DIVISION
1900 S CAGE BLVD
PHARR, TEXAS 78577

USE ONLY OFFICE: DATE RECEIVED: _____ PERMIT NUMBER: _____ EXPIRATION DATE: _____