



# 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 PHARR I WIC CLINIC

ALARM LOCATION ADDRESS 1903 NORTH KNIGHTS APT # \_\_\_\_\_

MAILING ADDRESS (If Different) 3105 W. STATE HIGHWAY 107 EDINBURG, TX. 78539

EMAIL ADDRESS wic.invoices@wic.co.hidalgo.tx.us ; esmeralda.medina@wic.co.hidalgo.tx.us

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

NAME \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

RESIDENCE ADDRESS 1903 NORTH KNIGHTS CITY PHARR STATE TX ZIP 78577

TITLE (Owner, Tenant, Manager, etc.) \_\_\_\_\_

PHONE # HOME \_\_\_\_\_ PHONE # WORK (956) 783 - 1151

**CONTACTS** – Please list two (2) Local emergency contacts, other than the intended permit holder or alarm company, that are willing and able to respond **WITHIN THIRTY (30) MINUTES** to grant access, secure property or deactivate the alarm system if the owner/occupant cannot be contacted.

NAME OF CONTACT #1: RUBY AYALA PHONE NUMBER: (956) 878 - 8079

NAME OF CONTACT #2: MARIA ELENA LARA PHONE NUMBER: (956) 330 - 5560

**PERMIT TYPE: PERMIT STATUS:**

<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> NEW ALARM	<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> RENEWAL
<input type="checkbox"/> 65 OVER, DECLARED DISABLED OR WIDOWED SPOUSE OF MILITARY VETERAN			
<b>ALARM COMPANY NAME AND PHONE NUMBER:</b> <u>SUPERIOR ALARMS (956)682-6005</u>			
ALARM TYPE: <input checked="" type="checkbox"/> Burglary <input type="checkbox"/> Hold-up/Robbery/Panic/Hostage <input type="checkbox"/> 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**

<b>USE ONLY OFFICE:</b> DATE RECEIVED: _____	PERMIT NUMBER: _____	EXPIRATION DATE: _____
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