

# HOBBS POLICE DEPARTMENT

Alarm Installation Application - See Instruction Sheet

## Section 1 - Alarm Location & Type Information

1. Alarm Physical Address:	2. Phone # at alarm:	3. Alarm Mailing Address:
4. Type of Alarm, Check all that apply: <input type="checkbox"/> Hold Up <input type="checkbox"/> Intrusion <input type="checkbox"/> Trouble <input type="checkbox"/> Fire		5. Responder safety information <i>(Hazardous materials or firearms on the premises?) If yes please explain in # 6:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Please list what type(s) of hazardous materials or firearms are on the premises and where they are located in the residence and/or business.		

## Section 2 - Business or Resident Information

<b>Business Alarm Information</b> <i>(If your alarm is located at Business fill out the next 2 lines)</i>		
7. Business	Business Phone	
10. Owner/ Local Agent's Name:	11. Home Address:	12. Home Phone #-
<b>Residential Alarm Information</b> <i>(If your alarm is located at Residence, fill out next line)</i>		
13. Resident Owner(s)	14. Business Name (if any):	15. Phone:

## Section 3 -- Persons to be notified when alarm sounds *(We will call in order shown)*

16. Name:	17. Business/Day Phone #-	18. Home/Night Phone #-
19. Name:	20. Business/Day Phone #-	21. Home/Night Phone #-
22. Name:	23. Business/Day Phone #-	24. Home/Night Phone # -
25. Name:	26. Business/Day Phone #-	27. Home/Night Phone #-

## Section 4 -- Alarm Company / Central Station Information

28. Alarm Company Name:	29. Alarm Company Contact Person / Agent:	
30. Alarm Company Address:	31. Business Phone:	32. 24 hr contact number:
33. Central Station Company Name <i>(If alarm is central station type):</i>		

## Section 5 Owner / Agent Agreement

34. I, the undersigned, do understand a copy of the Hobbs municipal Code. Sections 22-43 of the City Alarm Ordinance is available online at [www.hobbspd.com](http://www.hobbspd.com), City Hall at the Clerk's Office, Hobbs Police Department or a copy will be provided to you upon written request. This application is made by me with the understanding and agreement that I will abide by all provisions of the Hobbs Municipal Code and the Hobbs Police Department Alarm Policy. I understand the failure to comply may result in termination of my alarm permit, as provided by law.

Signature of Owner / Agent: \_\_\_\_\_ Date: \_\_\_\_\_

## Hobbs Police Department Use Only

Date Application Received:	The following were w/application:	Approved by:	Date:
Permit Number:	Cable / Pair	Computer entry date:	Date: