

**CITY OF ALVARADO**  
**EMERGENCY CONTACT SHEET**

Property Address: \_\_\_\_\_

Occupant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone \_\_\_\_\_

List, in order of priority, any persons who should be contacted in case of emergency.

Name	Mailing Address	Day Phone	Night Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List below anyone who possesses a key to the building or who may have reason for being on the property after hours.

_____	_____
_____	_____

Does this property have an alarm system? YES/NO If NO, skip the following sections and sign below.

Circle One

The Property Owner/Business Owner/Manager will be responsible for the proper maintenance and operation of the alarm system and payment of fees.

Brand Name of Alarm: \_\_\_\_\_

Will the alarm transmit an audible noise at the location? YES/NO

Will the alarm be transmitted to a central office? YES/NO

If YES, Name of Office: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of company or individual who installed the alarm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, all provisions of the Ordinances and State Laws will be complied with, whether herein specified or not. Permission is hereby granted to enter premises and make all inspections. Any false statement of material matter made by me for the purpose of obtaining a permit shall be sufficient cause for refusal of a permit. A permit cannot be transferred to another alarm system or to another permit holder.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Issue date: \_\_\_\_\_ Clerk: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_