

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. Circle all that apply: ~ Hold up Intrusion~ Trouble ‡ Fire	5. Responder safety information (hazardous material or firearms on the premises?) If yes, explain in # 6: Yes or No	
6. Please list what type(s) of hazardous materials or firearms are on the permises and where they are located in the residence		

Section 2 - Resident Information

7. Resident Owner	8.Date of Birth	9.Phone:
10.Resident Owner	11.Date of Birth	12.Phone

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

13. Name:	14. Business/Day Phone #	15. Home/Night #-
16. Name:	17. Business/Day Phone #	18. Home/Night #-
19. Name:	20. Business/Day Phone #	21.Home/Night #-
22. Name:	23. Business/Day Phone #	24. Home/Night #-

Alarm Company/Central Station Information

25. Alarm Company Name:	26. Alarm Company Contact Person/Agent	
27. Alarm Company Address	28. Business Phone	29. 24 Hour contact number:
30. Central Station Company Name (If alarm is central station type)		

Section 5. Owner/Agent Agreement

34. I, the undersigned, do understand a copy of the Hobbs Municipal Code Sections 8.04.010 through 8.04.140 of the City Alarm Ordinance is available online at 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 Deptatment Use Only

Date Application Received:	Following Items with Application	Taken/Approved By-Date
Permit Number	Cable/Pair	Computer Entry Date

