

**EL PASO COUNTY SHERIFF'S OFFICE**  
**SECURITY ALARM PERMIT APPLICATION**

PLEASE PRINT LEGIBLY OR TYPE INFORMATION. ATTACH ADDITIONAL INFORMATION IF NECESSARY.

ALARM PERMIT TO BE ISSUED TO:

---

Individual or Business Name	Complete Address	Phone
-----------------------------	------------------	-------

**If the alarm permit is to be issued in the name of a corporation or partnership**, give the names and addresses of the corporate officers, partners or other persons legally responsible for the corporation or partnership.

---

Name	Complete Address	Phone
------	------------------	-------

---

Name	Complete Address	Phone
------	------------------	-------

Name, residence, and telephone number of the persons in the operational control of the property, if other than applicant.

---

Name	Complete Address	Phone
------	------------------	-------

---

Name	Complete Address	Phone
------	------------------	-------

Security alarm Company contracted to monitor alarm system:

---

Company Name	Complete Address	Phone
--------------	------------------	-------

*List the names and telephone numbers of two (2) persons, one of whom **does not** reside at the address of permit location, that are able to and have agreed:*

- A. To receive notification at any time.
- B. To come to the alarm site within 45 minutes after receiving a request from the El Paso County Sheriff's Office to do so; and
- C. To grant access to the alarm site and to deactivate the alarm system if such becomes necessary.

---

Name

Telephone Number(s)

---

Name

Telephone Number(s)

Immediate written notification must be submitted to the El Paso County Sheriff's Office Alarm Permit Officer if there is a change concerning these two individuals. All other changes of information in this application must be submitted in writing within 2 days of said change.

The permit holder or any other person in control of an alarm shall pay the service fee of \$75.00 for each false alarm notification in excess of five that is emitted from an alarm site during the preceding 12-month period. A security alarm system permit is not transferable and it may be revoked if it has been subject to 9 or more false alarms in a 12-month period. The permit can also be revoked for other violations.

---

Applicant's Signature

---

Date

Submit Application and Payment to:

El Paso County Sheriff's Office Headquarters  
Alarm Permit Officer  
3850 Justice Dr., El Paso, TX 79938

For any information or questions, you may call the following:  
Records Section/Alarm Permit - (915) 538-2292  
Alarm Permit Officer/Sgt. Jose Soria - (915) 538-2292

Make check payable to: **County of El Paso**

Commercial Security Alarm Permit Fee: \$60.00  
Residential Security Alarm Permit Fee: \$30.00  
Revoked Reinstatement Fee: \$100.00

Please check one:

Residential Permit \_\_\_\_\_

Commercial Permit \_\_\_\_\_

\* We accept cash, credit/debit cards, cashier's checks, money orders and personal/business checks