CITY OF HILSHIRE VILLAGE
RESIDENTIAL APPLICATION/ALARM PERMIT
SPRING VALLEY VILLAGE POLICE DEPARTMENT

LAST NAME: FIRST NAME: HIS: HERS:	ADDRESS:	
HOME PHONE # ( )	CELL PHONE # - HIS	CELL PHONE # - HERS
PAGER	WORK PHONE # - HIS ( )	WORK PHONE # - HERS

E-MAIL ADDRESS:

ALARM CO:		PHONE # ( )	
BURGLAR Y____N____	HOLDUP/PANIC Y____N____	FIRE Y____N____	MONITORED Y____N____

INDICATE IF YOU HAVE AUTOMATIC CUT-OFF **(15 MINUTES OR LESS REQUIRED)** YES_____NO_____

NAMES OF **LOCAL** PERSONS OTHER THAN OWNER/RESIDENTS WHO CAN RESPOND TO ALARM

H/	C/	W/
H/	C/	W/
H/	C/	W/

(ADDITIONAL INFORMATION (ELDERLY, DISABLED, SPECIAL NEEDS, ANIMALS)

MAID SERVICE	Y_____N_____	NAME:
YARD SERVICE	Y_____N_____	NAME:
POOL SERVICE	Y_____N_____	NAME:

_____ DATE

_____ SIGNATURE OF APPLICANT

_____ PERMIT NUMBER

_____ VALIDATION PERIOD

_____ APPROVED: SPRING VALLEY POLICE DEPARTMENT

_____ DATE

Fee $10.00 Renewal $25.00 Business Payable to City of Hilshire Village 8301 Westview, Hilshire Village, TX 77055