CITY OF AUSTIN ALARM PERMIT CANCELLATION

PLEASE PRINT ALL INFORMATION CLEARLY AND COMPLETELY

PERMIT NO.:_____

ALARM SITE ADDRESS_____
INCLUDE SUITE OR APT # **CITY** **STATE** **ZIP CODE**

PERMIT HOLDER NAME_____
LAST NAME **FIRST NAME** **MIDDLE INITIAL**

(___)_____ **(___)** _____ **(___)**_____ **DRIVER'S LICENSE** _____/_____
HOME PHONE # **BUSINESS PHONE #** **CELL/PAGER #** **STATE NUMBER**

E-MAIL ADDRESS_____

Provide brief explanation as to why permit is being cancelled.

_____

NOTE:

1. **If you have discontinued your monitoring service, but continue to operate your alarm system and it emits an audible sound, you are still required to have a permit.**

2. **Please do not submit permit renewal fees if you are cancelling your permit.**

3. **Your permit cannot be cancelled if there are any outstanding false alarm fees due on your accounts.**

4. **A change of address, business, or name requires the issuance of a new permit.**

If you have any questions, please contact the Alarm Unit between 8 a.m. and 4:30 p.m., Monday through Friday at (512) 974-5730. Fore additional information, visit our website: http://www.austintexas.gov/department/alarm-administration

_____
DATE

_____
SIGNATURE OF PERMIT HOLDER

_____
PRINT NAME

MAIL CANCELLATION REQUEST TO:
OR
FAX TO: (512) 974-6697

APD ALARM ADMINISTRATION
AUSTIN POLICE DEPARTMENT
P. O. BOX 684279
AUSTIN, TX 78768-4279