



Alarm Permit Cancellation Written Notice

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This document serves as written notice to cancel your existing Alarm Permit. A cancellation request is required for each separate alarmed location. For submittal guidance or if you have any questions, please call [3-1-1](tel:311) or email us at dsdalarm@austintexas.gov.

Section 1: Alarm Location Information

Permit No. (If available): _____

Address: _____

Suite, Building, Unit, or Apartment No. (if applicable): _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Section 2: Reason for Canceling Alarm Permit

Choose your reason for canceling the alarm permit (check all that apply):

- The system no longer meets the criteria for a permitted alarm system per the [Alarm Ordinance](#).
- The alarm is disconnected or deactivated.
- The permit holder moved from the address and has canceled monitoring with the alarm company.

Section 3: Acknowledgement and Signature

I understand the following for the Alarm Permit (Check each box to acknowledge):

- If I have discontinued my monitoring service but continue to operate my alarm system and it emits an audible sound, I am still required to have a permit.
- I have confirmed that outstanding response fees have been paid, not including permit renewal fees.

Signature: _____ Date: _____

Print Name: _____