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 you continue to operate your alarm system and it emits an audible sound, you are still required to have a permit.**

2. **If there is an outstanding balance on your account, your permit will not be cancelled until the amount is paid in full.**

If you have any questions, please contact the Alarm Unit between 9:00 a.m. and 3:00 p.m., Monday through Friday at (512) 974-5730.

_____ _____
DATE **SIGNATURE OF PERMIT HOLDER**

_____
PRINT NAME

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

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