

**BURGLAR / FIRE ALARM REGISTRATION**  
**\*\*\*REGISTERED EACH YEAR BY DECEMBER 31<sup>ST</sup>\*\*\***

Alarm Type: [ ] Burglar [ ] Fire

[ ] \$30.00 Residential Alarm Registration

[ ] \$100.00 Commercial Burglar Alarm Panel / Panic Button Registration

[ ] \$100.00 Commercial Fire Alarm Panel Registration

**PAYMENT AND APPLICATION CAN BE MAILED OR PAID FOR IN PERSON:**

City of Stafford – City Hall, 2610 South Main Street, Attn: Finance Dept., Stafford, TX 77477  
(281) 261-3914

**Make Check Payable to: CITY OF STAFFORD**

**\*\*\*\*\*Mailed Payments must include completed application\*\*\*\*\***

\*\*\*\*\*

**\*\*BUSINESS or RESIDENTAL NAME:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Suite/Apt./Unit:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Owner of Property:** *(If you are a Resident renting the property you are living at)*

**Owners Name & Phone Number:** \_\_\_\_\_

**\*\*Mailing Information:** *(If different from above to return alarm certificate):*

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**\*\*Emergency Contact Information: Must be able to respond and grant access to the location within 1 hour.**

**Contact Name #1:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

**Contact Name #2:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

**\*\*Alarm Company Information:** If alarm is monitored by two different alarm companies indicate both company names:

**Burglar Alarm Company:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Fire Alarm Company:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**For Office Use Only**                      **Permit Expires December 31** \_\_\_\_\_

Payment Type: Cash / Check / CC                      Amount: \_\_\_\_\_                      Receipt No: \_\_\_\_\_                      Alarm Permit # \_\_\_\_\_

Check/CC #: \_\_\_\_\_                      Date Received: \_\_\_\_\_                      Accepted by: \_\_\_\_\_                      Mail: \_\_\_\_\_

**FOR PAYMENT ON-LINE PLEASE CLICK HERE:** <https://certifiedpayments.net/index.aspx?BureauCode=4230396>

**Email Completed Form to:** [ar@staffordtx.gov](mailto:ar@staffordtx.gov) with online payment