



# Bexar County Sheriff's Office Alarm Permits

PO Box 842841 Dallas, TX 75284-2841  
Website: [www.crywolfservices.com/bexarcountytx](http://www.crywolfservices.com/bexarcountytx)  
Email: [bexarcountytx@alarm-billing.com](mailto:bexarcountytx@alarm-billing.com)  
Telephone: (855) 694-8282

## Account #



INSTRUCTIONS: Print legibly or type. A separate application must be completed for each address to be permitted. Please attach the non-refundable payment (check or money order) and return to the address shown at the top of this form. You may also update your registration information and submit your payment online at: [www.crywolfservices.com/bexarcountytx](http://www.crywolfservices.com/bexarcountytx).

<b>1 Alarmed Location</b>				
Occupant Name or Business Name _____				
Address _____				Suite/Apt# _____
City _____	State _____	Zip _____	Phone Number _____	<b>REQUIRED: Driver's License or State ID #</b>

<b>2 Responsible Party</b> (must be a person)				
Name _____		Phn1 _____	H/W/C/O _____	
Address _____		Phn2 _____	H/W/C/O _____	
City _____		Phn3 _____	H/W/C/O _____	
State _____		Phn4 _____	H/W/C/O _____	
Zip _____		Email Address _____		

<b>3 Contact Names</b>				
<b>Contact 1</b>		Phn1 _____	H/W/C/O _____	
Name/Address _____		Phn2 _____	H/W/C/O _____	
<b>Contact 2</b>		Phn1 _____	H/W/C/O _____	
Name/Address _____		Phn2 _____	H/W/C/O _____	

<b>4 Additional Information</b>				
Special Conditions/ Hazards _____				
_____				

<b>5 Alarm Company</b>				
<b>Monitored By</b>				
Name _____		Phn1 _____	_____	

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the County Ordinance. I accept responsibility for payment of all fees and fines that may result from the operations of the alarm system servicing the above premises.

Signature (permit holder) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Check here if you would like correspondence and bills sent via email.