



Alarm Permit Fee Waiver Certification Letter
 Victim of Family Violence, Sexual Assault, Child Abuse or Stalking

Effective October 1, 2015

This form serves to certify the person listed below is a victim of any of the following; family violence, sexual assault, child abuse or stalking and therefore is entitled to the waiver of the Alarm Permit Fee of \$40 residential or \$30 for persons over 65 yrs old in accordance with Chapter 25 of the Municipal Alarm Code of the City of San Antonio.

Name: _____

Address: _____

San Antonio, Texas Zip Code _____

Annual Alarm Permit number (Renewal): _____

Case or Cause Number and Jurisdiction _____

(This information is required to validate victim status)

The following Certifying Entity has determined that the above named Applicant is a victim of any of the following; family violence, sexual assault, child abuse or stalking.

(Only one certifying entity is required.)

- Law Enforcement Personnel (Department/ Division): _____
- Office of a State District or County Attorney (Specify Division): _____
- Office of the Attorney General (State): _____
- Victim Advocacy Organization (Agency Name): _____
- Family Justice Center _____

By my signature I certify that the above named Applicant has been determined to be a victim of any of the following offenses; Texas Family Code §71.004 (family violence) or 261.001(1) (child abuse) or Penal Code, sections 22.011 (sexual assault), 22.021 (aggravated sexual assault) or 42.072 (stalking) or applicable State codes if certification is obtained from an agency outside the State of Texas and I am qualified to make that determination.

Signature: _____ Date: _____

Printed Name: _____

Job Title: _____

Contact Number: _____

https://www.municode.com/library/#!/tx/san_antonio/codes/code_of_ordinances?nodeId=PTIICO_CH25PO
<http://www.statutes.legis.state.tx.us/docs/FA/htm/FA.71.htm>
<http://www.statutes.legis.state.tx.us/Docs/PE/htm/PE.22.htm>