



# City of Montgomery Police Department

101 Old Plantersville Rd.  
Montgomery, TX 77316  
936-597-6866



Chief: Anthony Solomon

## SEX OFFENDER RESIDENCY RESTRICTION (Chapter 62, Article IV)

Sec. 62-73. – Exemptions, procedures.

(a) This exemption applies only to:

- (1) Areas necessary for the registered sex offender to have access to and to live in the residence; and,
- (2) The period the registered sex offender maintains residency in the residence. ; or,
- (3) The child safety zone was constructed after the effective date of this ordinance.

(b) Procedures for a registered sex offender to apply for an exemption from the ordinance.

- (1) Submit an application for exemption. The application can be obtained from the City of Montgomery Police Department, by appointment.
- (2) The following supporting documents are required to complete the submittal:
  - a. copy of the applicant's current and valid government-issued picture identification card;
  - b. proof of residency clearly indicating that the registered sex offender has established residency in a residence located within the specified distance of a child safety zone before the date that this ordinance is adopted.
- (3) Upon submittal and review of the completed application with required supporting documentation, the City of Montgomery Police Department designated personnel will issue a written determination of approval or denial.
- (4) Approval of exemption shall identify all areas necessary for the registered sex offender to have access to and to live in the residence; valid for the period of time the registered sex offender lives in the residence.
- (5) Denial of exemption shall identify the reason for denial. Denial of exemption may be appealed to the City of Montgomery Police Chief, in writing, within 10 business days. The final decision is made by the City of Montgomery Police Chief.

For Office Use Only:  
Date and Time submitted:  
Application and documents received by (initials):  
Designated evaluator (Name and Badge #):

01.23.2023



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## SEX OFFENDER RESIDENCY RESTRICTION

### Application For Exemption

Offender's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Offense: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

#### Place of Residence -

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

Phone Number(s): \_\_\_\_\_

\* List the full name(s) and date(s) of birth of all occupants at this address (attach separate sheet).

#### Vehicle Information -

License Plate: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

\* List all vehicle(s) (license plate, make, model, year, color) at this address (attach separate sheet).

#### Reason for exemption request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Child Safety Zone: \_\_\_\_\_

For Office Use Only:

Date and Time submitted:

Application and documents received by (initials):

Designated evaluator (Name and Badge #):

01.23.2023