CITY OF CARROLLTON ALARM PERMIT

CITY OF CARROLLTON Alarm Permits Section 2025 E. Jackson Rd. Carrollton, Texas 75006 (972) 466-3525

PLEASE PRINT OR TYPE

(BUSINESS OR RESIDENT N	AME)	ALARM SITE ADDRE	ESS ZIP CODE
Resident or Business Manager:	HOME #:	_WORK #:	MOBILE #:
Person responsible for Billing:			Phone #:
Address (if different):			Zip Code:
Email Address (optional):			
TYPE OF ALARM:	Burglary Robbery	Fire Water F	Tow Dedical Emergency
INSTALLATION TYPE:	Residential Dusi	ness 🗌 TAX ID#	
POLICE/FIRE NOTIFIED:	Phone Recording	Monitoring Service	Onsite Audible
Name of Alarm Monitoring Ser	vice:	I	Phone #:
CONTACT PERSONS FOR <i>A</i> receive a permit)	ALARM SITE (Two local o	contacts <u>not living at this a</u>	address) MUST be provided to
1		HOME#:	_WORK#:
2		HOME#:	_WORK#:
3		HOME#:	_WORK#:

I hereby certify that I am the owner or designated agent for the owner of the Alarm Site shown above and that the above information is true and correct. I understand that my alarm system is governed by City Ordinance Section #110 and its provisions. I understand that I will be responsible for timely payment (within 30 days) of fees incurred should the Police/Fire Department respond to more than three false alarms within a consecutive 12 month period. I also understand that I may be liable for all expenses incurred by the city in disabling my alarm system if the alarm system emits an audible signal for longer than 30 minutes. Further, it is my responsibility to notify the city, within 2 working days, of any changes in contact personnel.

SIGNATURE: DATE:

Updated: 12-26-06

** FOR NEW APPLICANTS ONLY : If you do not receive a copy of your application within 2 weeks of mailing this form, contact the Records Section of the Carrollton Police Department

YOU CANNOT LEGALLY OPERATE AN ALARM SYSTEM WITHOUT A PERMIT ** **DO NOT WRITE BELOW THIS LINE**

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CPD Form54