City of Temple Burglar Alarm Permit Process Information Sheet

*Initial Permit—FREE   Renewal Permit Fee $ 10.00 -**EVERY TWO YEARS***
Make checks / money orders payable to: The City of Temple, FARP
Mail to: Temple Police Department; Attn; Alarm Administrator's Office; 209 E Ave A ; Temple, TX 76501

*** An alarm permit application WILL NOT be considered for processing unless ALL questions have been answered. Please read the application and it's instructions carefully to make sure that the application is completed before returning it to the Alarm Administrator's Office. Any incomplete permit applications will be returned to the applicant for corrections. This will cause the requesting parties to remain in non-compliance of the law until all necessary corrections are made and the application is returned to the Alarm Administrator.
If you should have any questions regarding this process please contact the Alarm Administrator at (254) 298-5553 or e-mail: ssoto@ci.temple.tx.us.

**If any information is not applicable please indicate so

Instructions:

1. *Indicate what type of location you are requesting the alarm permit for by circling **Residential** or **Commercial** on the permit application.*
2. *The Alarm Subscriber (resident's name) or Business Name*
3. *Phone number to the alarmed location*
4. *Complete address of the alarmed location (this is the address where the alarm has been installed.) Please provide the complete address w/ city-state-& zip code.*
5. *If your billing address is different from the site address please indicate in the space provided. Billing Contact is the individual whom is responsible for receiving and paying any fees/ fine that may be assessed to this location. Please provide FIRST and LAST name of person, along with the contact phone number.*

RESIDENTIAL:
6-7.   Provide Resident Information (i.e.: Name, E-Mail, Phone #'s, **Driver's License # and **Date of Birth) **optional

COMMERCIAL:
8- 9. Provide business owner information (i.e.: Name, E-mail, Phone #'s, **Driver's License # and **Date of Birth). **Optional

CONTACT INFORMATION:
10. *This information is used in the event that **(1)**the alarmed location has been left unsecured, burglarized & the premises needs to be secured, & or **(2)** the alarm system is malfunctioning and needs to be disarmed by an individual, or any other reason that an officer sees fit to have a contact/ representative of the location respond. It is suggested that this person have access to the location and is familiar with the alarm system, in the event that the system is malfunctioning. Contacts in this section, per city ordinance, MUST be able to respond, at the request of an officer, to the location within 30 minutes.*

11. *Are there any dogs, hazards, or any special situations regarding premises? Please answer even if you do not have any safety concerns. This is valuable safety information that the responding officer may need to know.*

12. *Alarm company- this is the company you purchased the alarm system from. Provide the complete address, phone #, and the companies STATE OF TEXAS ALARM BUSINESS LICENSE NUMBER. All permit applicants MUST provide this number.*

13. *Alarm company- this company (contracted or not) notifies the police of any signal that may come from your alarm System. Provide the complete address, phone #, and the companies STATE OF TEXAS ALARM BUSINESS LICENSE NUMBER. All permit applicants MUST provide this number.*

14. *Indicate what type of signals your alarm system will provide and advise whether your system will automatically reset itself or if the system has to manually be reset.*

15. *The dates the alarm system was installed and last inspected.*

16. *Complete the attached APPENDIXES A & B. These are part of the application process and without them completed and accompanying the alarm permit application, the application will not be processed.*

Permits will expire in 2-years from the issued date. At which time you will be notified of the renewal.

Permit #_____
OFFICE USE ONLY

City of Temple
Police Department
BURGLAR ALARM PERMIT APPLICATION

NEW PERMIT ☐

1. *Is the Alarmed location a Commercial or Residential location. (Please Circle one)*

2. *Alarm Subscriber/ Business Location Name* _____

3. *Phone Number for the Alarmed Location* _____

4. *Address for the Alarmed Location* _____
           Street   *City*   *State*   *Zip*

5. *Billing Address* _____
          Street   *City*   *State*   *Zip*

     *Attention:*_____*Position*_____*Phone*_____
        First & Last Name

6. *Resident's Name*_____ *E-mail (if applicable)*_____
   Home Phone _____ *Cell Phone* _____ *Work Phone* _____
   Driver's License # (include state) _____ * Date of Birth* _____/_____/_____
              **Optional

7. *Resident's Name*_____ *E-mail (if applicable)*_____
   Home Phone _____ *Cell Phone* _____ *Work Phone* _____
   Driver's License # (include state) _____ * Date of Birth* _____/_____/_____
              **Optional

8. *Alarmed Location's Business Owner Name*_____ *E-mail*_____
   Home Phone _____ *Cell Phone* _____ *Work Phone* _____
   Driver's License # (include state) _____ * Date of Birth* _____/_____/_____
              **Optional

9. *Alarmed Location's Business Manager's Name*_____ *E-mail*_____
   Home Phone _____ *Cell Phone* _____ *Work Phone* _____
   Driver's License # (include state) _____ * Date of Birth* _____/_____/_____
              **Optional

10. *Who should be contacted in the event of an alarm:* **_These persons MUST be able to respond within 30 minutes at the request of an officer & do not reside at the alarmed location._**

Name	**Home phone**	**Work Phone**	**Cell Phone**	**Pager Number**
(A) _____	_____	_____	_____	_____
check if applies:	*key to premises ( )*	*alarm code to premises ( )*		
(B) _____	_____	_____	_____	_____
check if applies:	*key to premises ( )*	*alarm code to premises ( )*		
(C) _____	_____	_____	_____	_____
check if applies:	*key to premises ( )*	*alarm code to premises ( )*		
(D) _____	_____	_____	_____	_____
check if applies:	*key to premises ( )*	*alarm code to premises ( )*		

11. *Dogs/ Pets, Hazards, Special Comments Regarding Premises (if pets are on property, indicate inside or outside)*_____
    _____

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12. *Name of Alarm Monitoring Company* _____ *TX Business License #* _____
    Complete Mailing Address _____
                                    Street/ PO BOX   *City*   *State*   *Zip*

13. *Name of Alarm Company* _____ *TX Business License #* _____
    Complete Mailing Address _____
                                    Street/ PO BOX   *City*   *State*   *Zip*

14. *Type of Alarm System Signals:*   *Burglary*   *Audible - Silent - Both*
                                           Holdup/ Robbery   *Audible - Silent - Both*
                                           Panic/ Duress   *Audible - Silent - Both*
                                 AUTOMATICALLY RESETS   *MANUAL RESET*

15. *Date of Alarm Installation* _____   *Date of Last Alarm Inspection* _____

16. *Attach the completed APPENDIX A & B with the alarm permit application. Application s will not be processed without the appendixes.*

SIGN BELOW AND RETURN TO THE ALARM ADMINISTRATOR'S OFFICE FOR PROCESSING:

An alarm application will not be considered for processing unless the Alarm User & or Property Owner signs the application. The application must be completed with ALL necessary paperwork and accompanied with the appropriate permit fee(s). The alarm permit is renewable every two (2) years. A signed updated permit application and the appropriate fee(s) are required prior to issuing a new or renewal of any permit.

The Applicant, as a condition of granting this permit, acknowledges and agrees to hold harmless the City of Temple, its' agents, officers and employees for any damage they may cause to property located on the applicant's premises while responding to an alarm unless such damage was caused by the intentional misconduct of the City, its' agents, officers and employees.

_____//_____ //_____ //_____

Applicant's **Printed Name**   ***Signature***   *Title of Applicant*   *Date*
                                                                           (i.e., homeowner)

_____//_____ //_____ //_____

Applicant's **Printed Name**   ***Signature***   *Title of Applicant*   *Date*
                                                                            (i.e., homeowner)

INSTALLER FALSE ALARM PREVENTION PROGRAM CHECKLIST

YES   *NO*   *(Check One)*

_____   _____   *1. If a duress feature was installed, I thoroughly explained it an I did no use "+" keypad coding.*

_____   _____   *2. I confirmed that the control panel has been programmed so that:*

_____   _____   *a. it will not transmit more than _____ alarm signals from the same zone until manually restored at the premises. (recommended no more than 2 signals)*

_____   _____   *b. it will delay at least fifteen seconds before initiating dialing or intrusion alarm signals.*

_____   _____   *c. it has adequate delay time on entry/ exit doors. (delay of 45 seconds is recommended).*

_____   _____   *d. a cancel code can be entered by the customer to cancel an accidental alarm signal.*

_____   _____   *3. I verified that police and fire panic buttons cause a siren or speaker to sound and that medical panic buttons cause an audible signal.*

_____   _____   *4. I verified that the keypad(s) emit sufficient sound to inform occupants when an entry/ exit door sensor has been triggered.*

_____   _____   *5. I installed and tested standby/ backup power.*

_____   _____   *6. I reviewed the "Customer False Alarm Prevention Checklist" with the customer.*

_____   _____   *7. I determined whether the customer had special telephone features, such as call waiting, and took appropriate steps to allow proper control panel dialing and monitoring center verification.*

_____   _____   *8. I made sure the control panel was properly grounded.*

_____   _____   *9. I made sure that all door and window contacts were properly selected, installed and tested. I considered loose fitting doors and windows, whether wide gap contacts were needed, and steel doors and windows. I followed the manufacturer's installation instructions.*

_____   _____   *10. I made sure all glass breakage sensors were properly selected, installed and tested. I gave consideration to pets, on site noises and the general environment. I followed the manufacturer's installation instructions.*

_____   _____   *11. All motion type detectors were properly selected, properly installed and tested. I gave consideration to pets, sunlight, other heat sources, and harsh environments. I followed the manufacturer's installation instructions.*

Please explain if you answered "NO" to any of the above items: (please print clearly)

_____

_____

_____

Installation Company/
Technician Name: _____// _____// _____
               Print Company Name   *Company TX Lic #*   *Print Tech's Name*

Date of Installation _____//_____//_____   *Date of Activation* _____//_____//_____

See Reverse Side for Appendix B. Both Appendixes MUST be completed and returned with the permit application.

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CUSTOMER FALSE ALARM PREVENTION PROGRAM CHECKLIST

YES   *NO*   *(Check One)*

____   ____   *I have been trained in the proper operation of the system.*

____   ____   *I have been given a summary operating sheet*

____   ____   *I have been given the security system operation manual.*

____   ____   *I know how to cancel accidental alarm activations..*

____   ____   *I have the cancellation code.*

____   ____   *I know how to turn off motion detectors while leaving other sensors on.*

____   ____   *I know how to test the system including the communication link with the monitoring center..*

____   ____   *I understand the length of the delay time on designated entry/ exit doors and I believe this will provide sufficient time to get in an out of the premises. My entry time is _____ / My exit time is _____.*

____   ____   *I have the alarm company phone number to request repair service or to ask questions about the alarm system.*

____   ____   *I have been offered the option of a training/ no dispatch period.*

____   ____   *I understand that indoor pets can cause false alarms and I will contact my alarm company to adjust the system if I acquire any additional indoor pets.*

____   ____   *I know where the main control panel and transformer are located..*

____   ____   *I have received an alarm sheet, which describes how the alarm company will communicate with me in the event of various alarm signals.*

____   ____   *I understand the importance of keeping my emergency contact information updated and I know how to do this..*

____   ____   *I understand the importance of immediately advising the alarm company if my phone number changes including the area code changes.*

____   ____   *I understand the importance of any other changes to my telephone service such as call waiting or a fax line.*

____   ____   *I have been made aware of the alarm ordinance, if any, that governs the operation of alarm systems and I will comply with applicable requirements (permits, fees, etc.).*

____   ____   *I will advise the alarm company if I do any remodeling (such as extensive painting, moving of wall, door or windows).*

____   ____   *I understand that certain building defects (such as loose fitting doors or windows, rodents, inadequate power, and roof leaks) can cause false alarms. I will correct these defects as I become aware of them.*

____   ____   *The alarm company has given me written false alarm prevention techniques to help me prevent false alarms.*

I understand it is my responsibility to prevent false alarms and I understand it is critical and my responsibility to assure that all users of the system (such as residents, employees, guests, cleaning people, and repair people) are trained on the proper use of the system.

Please explain if you answered "NO" to any of the above items: (please print clearly)

_____

_____

_____

_____

Alarm Subscriber Signature: _____ *Signature Date _____ //_____ //_____*

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