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 NAME) ALARM SITE ADDRESS 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 Flow ☐ Medical Emergency ☐

INSTALLATION TYPE: **Residential** ☐ **Business** ☐ **TAX ID#** _____

POLICE/FIRE NOTIFIED: Phone Recording ☐ Monitoring Service ☐ Onsite Audible ☐

Name of Alarm Monitoring Service: _____ Phone #:_____

CONTACT PERSONS FOR ALARM SITE (Two local contacts <u>not living at this address</u>) MUST be provided to receive a permit)

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: _____

** **FOR NEW APPLICANTS ONLY** : If you do not receive a copy of your application within **<u>2 weeks of mailing this form,</u>** 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

PERMIT NO.
_____

Issued ____/____/____
Expires ____/____/____

New Fee **Res. $30** ☐ **Busi. $35** ☐
Renewal Fee **Res. $15** ☐ **Busi. $20** ☐
Update ☐