

Permit/Registration No.

# Cedar Hill

## Alarm System Permit/Registration Application

A NON-REFUNDABLE PERMIT/REGISTRATION FEE MUST BE SUBMITTED WITH EACH PERMIT/REGISTRATION FORM. MAKE CHECK OR MONEY ORDER PAYABLE TO: Cedar Hill Police Department - Alarm Unit

**A. Residential Alarm User Information:** (Residential alarm users, please complete Sections A and C through G.)

**Alarm User Name:**

\_\_\_\_\_  
First Name Last Name

**Alarm Location:**

\_\_\_\_\_  
Street Number Street Prefix Street Name Street Suffix Suite/Apt No.

\_\_\_\_\_  
City State Zip Code Gate Code

\_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager Email Address

**Type of Alarm (check all that apply):** Burglar / \_\_\_/ Panic / \_\_\_/ Medical / \_\_\_/ Robbery/Holdup / \_\_\_/

**B. Commercial Alarm User Information:** (Commercial alarm users, please complete Sections B through G.)

\_\_\_\_\_  
Name of Corporation, Sole Proprietor or Partners

\_\_\_\_\_  
Trade Name(s) Used by Business

**Alarm Location:**

\_\_\_\_\_  
Street Number Street Prefix Street Name Street Suffix Suite/Apt No.

\_\_\_\_\_  
City State Zip Code Business Phone Number

**Owner or President of Business:**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager Email Address

**Local Manager:**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager Email Address

**C. Mailing Address:** (If different from Location of Alarm System)

\_\_\_\_\_

**D. Contact Information:** (List two people, other than the owner, who can respond to an alarm activation.)

**1st Contact Name:**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager Email Address

**2nd Contact Name:**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager Email Address

**E. Alarm Service/Install Company:**

License No. \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**F. Alarm Monitoring Company:**

License No. \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**G. Special Conditions:** (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)

I have carefully read the completed application and know the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all the provisions of the City of Cedar Hill Code of Ordinance Chapter 2.5, "Alarm Systems" and any amendments or changes to same. I understand that I will be responsible for payment of all fees and charges and any civil action which may arise from the operation of this alarm system.

DEPARTMENT USE ONLY  
CK# \_\_\_\_\_  
MO# \_\_\_\_\_  
EFT# \_\_\_\_\_  
AMTS \_\_\_\_\_  
DATE \_\_\_\_\_