



Duncanville
City of Champions

City of Duncanville Alarm Permit Application

Permit Number _____

Date _____

OFFICIAL USE ONLY

Name of Resident or Business Owner _____

Home Phone Number _____ Work Phone Number _____ Cell Phone # _____

Street Address _____

Mailing Address _____ Driver's License# and State _____

Type of Alarm System

- Type of Annunciation: Audible Silent
- Purpose of Alarm: Burglary Fire Robbery/Panic Medical
- Type of Alarm Activation: Motion Detector Ultra Sound Device Panic Button
- Heat Detector Light Beam
- Contact Points Smoke Detector Water Flow
- Other _____

Other Information

Are there pets? Yes No Routinely Left: Inside Outside

Types of Pets? _____

Alarm Company

Alarm Installed by: _____

Alarm Monitored by: _____

Alarm Company Address: _____

Alarm Company Phone Number: _____

Emergency Contact Persons - Please supply two (2) local contacts

1. _____

2. _____

Name

Address

Phone Numbers (including area code)

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 Duncanville Ordinance # 1852. 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. Mail \$35 payment and this form to: Attention Alarm Permit, Duncanville Police Department, P.O. Box 380280, Duncanville, Texas 75138-0280.

Applicant Signature _____

Date _____