



FALSE ALARM PREVENTION

City of Richardson

ALARM PERMIT APPLICATION

\$50 for Commercial and \$30 for Residential Annual fee

PLEASE PRINT

Mail to: City of Richardson Alarm Program, Post Office Box 141089, Irving, Texas 75014-1089

New Permit Renewal Cancel Data Change

NAME: (Business/Resident) [Grid]

ALARM SITE: (Address) [Grid] ZIP: [Grid]

BILLING: (Address If Different) [Grid] ZIP: [Grid]

ALARM SITE: Residential Commercial SITE PHONE: [Grid]

ALARM TYPE: Burglary Panic Robbery

HOW P.D. NOTIFIED: Alarm Co Notification Audible Only (Non-Monitored) Panel Alarm - Financial Institutions Only

ALARM: (Installed by) [Grid] PHONE: [Grid]

ALARM: (Monitored by) [Grid] PHONE: [Grid]

PET INFORMATION: Please check type: Dog Cat Other [Grid] Inside Outside

COMMENTS: [Grid]

SPECIAL MEDICAL CONCERNS: [Grid]

PERMIT HOLDER RESPONSIBLE FOR ALARM:

Name: [Grid]

D.O.B. [Grid] / [Grid] / [Grid] DL# [Grid]

Address: [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Home Phone: [Grid] Work Phone: [Grid]

Cell Phone: [Grid]

Email address: [Grid]

CONTACT PERSONS: (Name - Home, Work & Cell Phone Numbers - Email Addresses) Minimum: 2 persons *

** Must have access to premises with key and/or alarm code -30 minute MAXIMUM response time*

#1 Name: [Grid]

Home Phone: [Grid] Work Phone: [Grid]

Cell Phone: [Grid]

Email address: [Grid]

#2 Name: [Grid]

Home Phone: [Grid] Work Phone: [Grid]

Cell Phone: [Grid]

Email address: [Grid]

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 provisions of City of Richardson Ordinance #2883-A and state laws. 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.

PERMIT HOLDERS SIGNATURE: _____ DATE: [Grid] / [Grid] / [Grid]