



ALARM REGISTRATION FORM

RESIDENTIAL

Home Phone: _____

Name of responsible party (Please print) _____

Alarm Location _____

City, State and Zip Code _____

Billing Address (if different) _____

City, State, and Zip Code _____

Cell Phone: _____

Email Address: _____

BUSINESS **NORMAL BUSINESS HOURS** _____

Office Phone: _____

Business Name (Please print) _____

Name of responsible party (Please print) _____

Alarm Location _____

City, State, and Zip Code _____

Billing Address (if different) _____

City, State, and Zip Code _____

Email Address: _____

CONTACT PERSON(S)
 (Must have access to premises and alarm within 30 minutes of call)

Name: _____ Address: _____ Phone Number: _____

Name: _____ Address: _____ Phone Number: _____

ALARM INSTALLATION DETAILS

Alarm Installation Company: _____

Monitoring Company: (if different) _____ I have carefully read the completed application and acknowledge it to be true and correct. I hereby agree that if a permit is issued, I will comply with all provisions of the City of Farmers Branch alarm ordinance and state laws. It is the alarm owner's responsibility to prevent false alarms and to ensure that all users of the system are trained in the use of the alarm system. Additionally, it is the alarm owner's responsibility to notify the alarm company of any changes to this information.

Signature: (Owner) _____

Date: _____

In accordance with City Council Ordinance No. 2519, if you have an alarm system in the City of Farmers Branch, it must be registered with the city. Registration is \$30.00 annually. The law allows each alarm holder to have five (5) false alarms within the preceding twelve (12) month period without charge. The sixth (6th), and any alarms thereafter within a twelve (12) month period, will be assessed a service fee of \$50.00 per occurrence. Failure to pay a False Alarm Service Fee within thirty (30) days will result in suspension of the alarm permit. Operation of a suspended alarm system will result in a Citation being issued to the permit holder each time an alarm is received while that alarm permit is suspended.

All information must be completed on this form.

Make Checks Payable To: City of Farmers Branch
 Annual Registration Fee: \$30.00

For Alarm Inquiries Call the Farmers Branch Police Department: 972-484-3620
For Billing Information Call Farmers Branch Finance Department: 972-919-2523

Return this form and registration fee to:
 Customer Service
 City of Farmers Branch
 13000 William Dodson Parkway
 Farmers Branch, TX 75234

For Office Use Only	
Permit Number: _____	_____
Date Received: _____	_____
Expiration Date: _____	_____