

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 _____