

City of Dallas Alarm Permit Application For Burglar and/or Holdup/Panic/Duress Alarm Systems

**Please
Print**

The application
will be returned
if not filled out
completely.

NEW, RENEWAL AND REINSTATEMENT PERMIT FEE SCHEDULE:

\$50 for Residential Alarm Site or Apartment Complex Master Alarm (No Common Area Alarm)

\$100 for Business Alarm Site or Apartment Complex Master Alarm (With Common Area Alarm)

ALARM LOCATION INFORMATION (For businesses in shopping centers, use the street address, **NOT the name of the shopping center.**)

Name of Resident or Business Name (D.B.A.) at Alarm Location

Residence

Business

Street # (N, S, E, W) Street Name St. Designation (St., Ln., Blvd.) Suite/Apt. # Zip Code

PERMIT HOLDER INFORMATION (Person **locally** responsible for responding to alarms and giving access to the alarm site and who is responsible for proper maintenance and operation of the alarm system and payment of fees.) The permit cannot be issued without **ALL** of the following information.

Permit Holder's Drivers License # (If no Drivers License, provide the number on any government issued personal I.D. card containing a photograph)

Permit Holder's Last Name First Name Middle Initial

Additional Address - Residential alarm site provide business address/Business alarm site provide residential address

Street # Street Name City State Zip Code Home Phone # Business Phone #
Additional Contact information for Permit Holder:

E-mail Cell Phone #

SECONDARY CONTACT PERSON INFORMATION (Another person who is able to respond to alarms to give access to the alarm site.)

Last Name First Name Home Phone # Business Phone #

TYPE OF APPLICATION (check one)

New Permit Renewal Reinstatement

 Update Information (no fee)

Date of Occupancy

MAILING ADDRESS OF PERMIT HOLDER (Complete this section if the mailing address is different from the Alarm Location)

Name

Street # Street Name City State Zip Code

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Article I, Chapter 15-C of the Dallas City Code and applicable State Laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system servicing the above premises. I have read the information provided on the back of this application.

DATE: _____ SIGNATURE OF PERMIT HOLDER: _____

NAME OF ALARM COMPANY _____ ALARM COMPANY STATE LIC. # _____

Mail completed application and permit fee to:

City of Dallas
Security Alarms
P. O. Box 139076
Dallas, TX 75313-9076

**THE CHIEF SHALL REFUSE POLICE RESPONSE TO ANY BURGLAR
ALARM SITE THAT DOES NOT HAVE A VALID ALARM PERMIT.
[Section 15C-2(b), Dallas City Code.]**

**To receive your alarm permit number immediately, bring the completed permit application and permit fee to the
Special Collections Section, 1500 Marilla Street, Room 2DN, Monday - Friday, 8:15 A.M. - 5:15 P.M., excluding holidays.
For additional information or assistance in completing this application, please call the Special Collections Section at
(214) 670-3438.**

HAVE YOU ENCLOSED YOUR PAYMENT?