

# CITY OF FRISCO ALARM PERMIT APPLICATION

Please Print or Type

NAME OF PERMIT HOLDER/RESPONSIBLE PERSON: \_\_\_\_\_ (DOB) \_\_\_\_\_

NAME OF BUSINESS/RESIDENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: DAY (\_\_\_\_\_) \_\_\_\_\_ EVENING (\_\_\_\_\_) \_\_\_\_\_

IF BUSINESS - RESPONSIBLE PERSON: \_\_\_\_\_ (DOB) \_\_\_\_\_

ALARM SITE ADDRESS: \_\_\_\_\_

ALARM SITE TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

ARE THERE DOGS ON PREMISES? \_\_\_\_\_ GUNS? \_\_\_\_\_ HANDICAPPED PERSONS? \_\_\_\_\_

ALARM IS:  RESIDENTIAL  COMMERCIAL  AUDIBLE  SILENT

TYPE OF ALARM:  BURGLARY  ROBBERY  FIRE  MEDICAL  PANIC

CHECK ALL THAT APPLY:  GLASS BREAKAGE  MOTION DETECTION  DOOR ACTIVATION

WINDOW ACTIVATION  GARAGE DOOR ACTIVATION  PANIC BUTTON  AUTOMATIC RESET

POLICE NOTIFIED BY:  ALARM CO.  PANEL  OTHER (SPECIFY) \_\_\_\_\_

ALARM OR MONITORING COMPANY

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

DATE ALARM INSTALLED: \_\_\_\_\_ DATE SERVICE BEGAN: \_\_\_\_\_

CONTACT PERSONS - OTHER THAN ABOVE  
MUST HAVE ACCESS TO PREMISES AND ALARM. 30 MINUTES MAXIMUM RESPONSE TIME. LIST 3 OR MORE.  
(PROVIDE NAME, DAYTIME AND EVENING PHONES)

NAME: \_\_\_\_\_ PHONE: DAY (\_\_\_\_\_) \_\_\_\_\_ EVENING (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: DAY (\_\_\_\_\_) \_\_\_\_\_ EVENING (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: DAY (\_\_\_\_\_) \_\_\_\_\_ EVENING (\_\_\_\_\_) \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF PERMIT HOLDER : \_\_\_\_\_

DATE APPLICATION RECEIVED \_\_\_\_\_ RECEIVED: IN PERSON MAIL

METHOD OF PAYMENT: CASH CHECK (# \_\_\_\_\_ ) RECEIPT # \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CAD ENTRY DATE \_\_\_\_\_ BY \_\_\_\_\_ VERIFIED BY \_\_\_\_\_

RENEWAL PERIOD \_\_\_\_\_

RENEWAL PERIOD \_\_\_\_\_

RENEWAL PERIOD \_\_\_\_\_

OFFICE USE ONLY

Please send payment to: City of Frisco, Police Department, 8750 McKinney Rd. Suite 500, Frisco, TX 75034