



**CITY OF CANTON**  
 P.O. Box 143517, Irving, TX 75014, Phone: 1-855-996-5443  
**ALARM PERMIT APPLICATION**

Please type or print in  
**BLOCK CAPITAL LETTERS**  
 clearly inside the box.  
**(Please print)**

Type of Alarm:  Residential  Commercial  Govt Entity  Burglary  Robbery  Panic Hold Up

Name of Registration Holder: [Grid]

Business Name: [Grid]

Name of responsible party: [Grid]

Alarm Location:  
 (Include Building/Apt #)  
 (Include Suite or Unit #)

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

Billing Address:  
 (if different)

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

Enroll to Go Paperless:  (If enrolled, you opt for email notifications and you will no longer receive notifications by USPS. If not enrolled, you agree to receive notifications by USPS.)

Email Address:  
 (If enrolled to Go Paperless,  
 valid email address is mandatory.)

Home Phone: [Grid] Cell Phone: [Grid]

Office Phone: [Grid]

**EMERGENCY CONTACTS**

Name: [Grid]

Phone #1: [Grid] Phone #2: [Grid]

Name: [Grid]

Phone #1: [Grid] Phone #2: [Grid]

**SPECIAL CONDITIONS**

In order to ensure the safety of our officers, the public and to enable the Canton Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, weapons, hazardous substances, etc.)

Comment: [Grid]

**ALARM INSTALLATION DETAILS**

Alarm Installation Date: [Grid] / [Grid] / [Grid] Phone #: [Grid]

Alarm Installation Company: [Grid]

Address: [Grid]

Monitoring Company:  
 (if different)

Address: [Grid]

Phone #: [Grid]

**PLEASE READ THE FOLLOWING AND SIGN:**

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated, I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The Police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) \_\_\_\_\_ Date: [Grid] / [Grid] / [Grid]

In accordance with the City of Canton, GA - Ordinance No. Chapter 18 ARTICLE VII, if you have an active alarm system in the Canton, Georgia, it must be registered with the Canton separately. The fee for false alarms is set forth below and shall be paid by the alarm user.

**False Alarm Fines**

**Burglary/Robbery/Panic Hold Up – Registered/Unregistered/Expired location Fine Schedule**

- 1<sup>st</sup> to 3<sup>rd</sup> false alarm: \$0.00
- 4<sup>th</sup> false alarm: \$50.00
- 5<sup>th</sup> false alarm: \$100.00
- 6<sup>th</sup> false alarm and above: \$150.00 each

**For Customer Service Call: 1-855-996-5443**  
**Mail this form and payment to:**  
 City of Canton False Alarm Reduction Program  
 P.O. BOX 143517, IRVING, TX 75014