



City of Richardson

ALARM PERMIT APPLICATION

\$50 for Commercial and \$30 for Residential Annual fee

Mail to: City of Richardson Alarm Program, Post Office Box 141089, Irving, Texas 75014-1089

PLEASE PRINT

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

☐ **New Permit** ☐ **Renewal** ☐ **Cancel** ☐ **Data Change**

NAME:
(Business/Resident)

ALARM SITE:
(Address)

BILLING:
(Address If Different)

ALARM SITE:

☐ Residential

☐ Commercial

Ownership Type
(if Commercial):

☐ Franchise

☐ Corporate Owned

ALARM TYPE:

☐ Burglary

☐ Panic

☐ Robbery

Site Phone:

HOW P.D. NOTIFIED:

☐ Alarm Co Notification

☐ Audible Only (Non-Monitored)

☐ Panel Alarm - Financial Institutions Only

ALARM:
(Installed by)

PHONE:

ALARM:
(Monitored by)

PHONE:

PET INFORMATION:

Please check type:

☐ Dog

☐ Cat

☐ Other

☐ Inside

☐ Outside

COMMENTS:

SPECIAL MEDICAL CONCERNS:

PERMIT HOLDER RESPONSIBLE FOR ALARM:

Name:

D.O.B.

DL#

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

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.)

CONTACT PERSONS: (Name - Home, Work & Cell Phone Numbers - Email Addresses) Minimum: 2 persons *

* *Must have access to premises with key and/or alarm code -30 minute MAXIMUM response time*

#1 Name:

Home Phone:

Work Phone:

Cell Phone:

Email address:

#2 Name:

Home Phone:

Work Phone:

Cell Phone:

Email address:

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 provisions of City of Richardson Ordinance #2883-A and state laws. 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.

PERMIT HOLDERS SIGNATURE: _____

DATE: