S.O.P. 2.09.01-001 11/08/00	City of Richardson	
RICHARDSON POLICE DEPARTMENT	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		
<u>PLEASE PRINT</u> New Permit	Please type or print in BLOCK CAPITAL LETTERS clearly inside the b	Data Change
NAME:		
(Business/Resident) ALARM SITE:		
ALARM STIE. (Address) BILLING:		ZIP:
(Address If Different)		ZIP:
ALARM SITE: Residential		
ALARM TYPE: Burglary	Panic Robbery	
HOW P.D. NOTIFIED:	arm Co Notification Audible Only (Non-Monitored) Panel Alarm - I	Financial Institutions Only
(Installed by)	┿┿┿╋╧╋	╪╪┥┝╪╪╪┥
ALARM: (Monitored by)	PHONE:	
PET INFORMATION: Please c	check type: Dog Cat Other	Inside Outside
COMMENTS:		
SPECIAL MEDICAL CONCERN	NS:	
PERMIT HOLDER RESPONSIE	BLE FOR ALARM:	
Name:		
D.O.B.	/ DL#	
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:		
· · · · · · · · · · · · · · · · · · ·	olled, you opt for email notifications and you will no longer receive notifications by USPS. If not enrolled, you agree	e 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	s *
	vith 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:		
	cation and know the same to be true and correct. I hereby agree that if a permit is issued, I will complexes. I understand that I will be responsible for payment of all fees and charges and any civil action, where the same transformation of the same transformation	