



COPPELL POLICE DEPARTMENT

CITY OF COPPELL --- PO BOX 140545 --- IRVING, TX. 75014 --- (877)-874-6884
ALARM PERMIT APPLICATION

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

Please Print

- New License (Residential) \$30.00 Renewal (Residential) \$20.00 Update Info
- New License (Business) \$50.00 Renewal (Business) \$50.00 Update Info

Name of Resident:

Business Name:

Location of Alarm
Address:

City:

State:

Zip:

Billing/Mailing Address
(if different):

City:

State:

Zip:

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.)

Type of Alarm:

Burglary (Break-in)

*Robbery (Hold-up Bus. Only)

*Robbery Alarm on:

Day(s):

Hrs.

INDICATE HOW THE POLICE DEPT IS NOTIFIED OF THE ALARM:

Alarm Company notifies Police.

Alarm Company Name:

IMPORTANT: Please notify alarm company of your alarm number

DOGS ON PREMISES:

Yes

No Where?

Home Owner Information/Business Information:

Name:

Work Phone:

Cell Phone:

Home Phone:

Contacts: (The Police will contact the below listed contacts if you are not located.)

1. Name:

Address:

City:

State:

Zip:

Home Number:

Work Number:

2. Name:

Address:

City:

State:

Zip:

Home Number:

Work Number:

I HEREBY CERTIFY THAT I AM THE OWNER OR DESIGNATED AGENT FOR THE OWNER OF THE ALARM SITE SHOWN ABOVE AND THAT THE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT I WILL BE LIABLE FOR ALL EXPENSES INCURRED BY THE CITY IN DISABLING THE ALARM IF THE SYSTEM EMITS AN AUDIBLE SIGNAL FOR LONGER THEN THIRTY (30) MINUTES. I ALSO UNDERSTAND THAT THE GRANTING OF A LICENSE UNDER ORDINANCE 87-381, WHICH PERTAINS TO THE LICENSING OF ALARM SYSTEMS, SHALL NOT BE CONSTRUED AS AN ENDORSEMENT OF THE LICENSED ALARM SYSTEM. GRANTING OF A LICENSE ONLY AUTHORIZES THE INSTALLATION AND OPERATION OF AN ALARM. ALARM CAPABILITIES SHOULD BE ACCESSED BY AN ALARM COMPANY CAPABLE OF PERFORMING SUCH SERVICES. LICENSING FEE SHOULD ACCOMPANY PERMIT APPLICATION.

Date: / /

Signature: (Owner)

**PLEASE MAKE CHECK OR MONEYORDER PAYABLE TO : THE CITY OF COPPELL
THE ENTIRE FORM MUST BE FILLED OUT**