



City of Duncanville Alarm Permit Application

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Name of Resident or Business Owner:

Home Phone Number: Work Phone #:

Cell Phone #:

Email Address:

Street Address:

Mailing Address:

City: State:

Zip Code: Driver's License#:

Type of Alarm System

Type of Annunciation: Audible Silent

Purpose of Alarm: Burglary Fire Robbery/Panic Medical

Type of Alarm Activation: Motion Detector Ultra Sound Device Panic Button Heat Detector Light Beam

Contact Points Smoke Detector Water Flow

Other:

Other Information

Are there pets ? Yes No Routinely Left: Inside Outside

Types of Pets?

Alarm Company

Alarm Installed by:

Alarm Monitored by:

Alarm Company Address:

City: State:

Zip Code: Phone Number:

Emergency Contact Persons - Please supply two (2) local contacts

1. Name:

Address:

Phone Number (Including area code):

2. Name:

Address:

Phone Number (Including area code):

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 the provisions of the City of Duncanville Ordinance # 1852. 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. Mail \$35 payment and this form to: Attention Alarm Permit, Duncanville Police Department, P.O. Box 140995, Irving, Texas 75014-0995.

Applicant Signature: _____ **Date:** / /