



KELLER ALARM PERMIT APPLICATION

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

ALARM PROGRAM

P.O. BOX 142585 , Irving, TX 75014

1-877-230-1014

FEE: \$25.00

PERMIT HOLDER:

Permit Type:

New

Renewal

Alarm Site :

Residential

Commercial

Name: (Last name, First name):

[Grid for Name]

Business Name (If alarm site is commercial):

[Grid for Business Name]

Site Address:

[Grid for Site Address]

City:

[Grid for City]

State:

[Grid for State]

Zip:

[Grid for Zip]

Home Phone:

[Grid for Home Phone]

Cell Phone:

[Grid for Cell Phone]

Work Phone:

[Grid for Work Phone]

[Grid for Work Phone]

[Grid for Work 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.)

[Grid for Email Address]

Billing Information (if different from Permit holder):

[Grid for Billing Information]

City:

[Grid for City]

State:

[Grid for State]

Zip:

[Grid for Zip]

Phone #1 (H):

[Grid for Phone #1 (H)]

[Grid for Phone #1 (H)]

[Grid for Phone #1 (H)]

Alarm Monitored by:

[Grid for Alarm Monitored by]

Alarm Company Phone Number:

[Grid for Alarm Company Phone Number]

[Grid for Alarm Company Phone Number]

[Grid for Alarm Company Phone Number]

I would like to allow the Keller Police Department access to my street/alley facing camera.

CONTACT PERSONS: Must have access to premises and alarm - 45 minute maximum response time.

(MINIMUM OF TWO PERSONS)

Name #1:

[Grid for Name #1]

Phone #1 (H):

[Grid for Phone #1 (H)]

Phone (W):

[Grid for Phone (W)]

Phone (C):

[Grid for Phone (C)]

[Grid for Phone (C)]

[Grid for Phone (C)]

Name #2:

[Grid for Name #2]

Phone #2 (H):

[Grid for Phone #2 (H)]

Phone (W):

[Grid for Phone (W)]

Phone (C):

[Grid for Phone (C)]

[Grid for Phone (C)]

[Grid for Phone (C)]

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 the City of Keller Alarm Ordinance #1599. 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. I also understand that any false statements made for the purpose of obtaining an alarm permit is sufficient cause for refusal or revocation of an alarm permit.

Applicant Signature: _____

DATE: [Grid for Date]

Make Checks Payable To: City of Keller

Return this form and registration fee to:

City of Keller

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