

ALARM PERMIT - COMMERCIAL

CITY OF CARROLLTON - ALARM PERMITS
CITY HALL - 1ST FLOOR
1945 E. Jackson Rd., Carrollton, Texas 75006
(972) 466-3525 ALARM PERMIT FAX# 972-466-3132

BY ORDINANCE, ALL INFORMATION MUST BE PROVIDED TO OBTAIN AN ALARM PERMIT

PLEASE PRINT OR TYPE

BUSINESS NAME _____ **ALARM SITE ADDRESS** _____ **SUITE #** _____

Responsible Person's Contact #: _____

Telephone MAIN# _____ **Manager Cell#** _____

Manager/Billing Name: _____

Billing Address: _____

Email Address: _____

Circle Alarm Type: Burglary Robbery Fire Medical Emergency Water Flow On-Site Audible

Alarm Monitoring Service: _____

CONTACT PERSONNEL FOR ALARM SITE MUST BE PROVIDED (Minimum of 2 local contacts)

CONTACT NAMES	HOME NUMBER	WORK NUMBER	CELL NUMBER
Name			
Name			

DOGS ON PREMISE? Yes ____ No ____ If Yes, where? _____

ARE THERE FIREARMS ON THE PREMISE? (OPTIONAL) _____

HAZARDS ON PREMISE (Please provide details on hazards in the premise of which a responding officer should be aware)

By providing us your email address, you are agreeing to have invoices and notices sent via email. If you wish to opt out, please contact us at 972-466-3525 or by email: alarmpermituser@cityofcarrollton.com

FOR STAFF USE ONLY

PERMIT NO. _____ **DATE ISSUED:** _____ **EXPIRATION DATE:** _____

Business Hours are: Mon-Thur 7:30AM - 5:30PM and Friday 7:30AM - 11:30AM
Phone hours are: Mon-Thur 10:00AM - 4:00PM

NEW APPLICATION: \$75 RENEWAL APPLICATION: \$50