



**ALARM PERMIT - COMMERCIAL**  
 CITY OF CARROLLTON - ALARM PERMITS  
 CITY HALL - 1ST FLOOR  
 1945 E. Jackson Rd., Carrollton, Texas 75006  
 972-466-3525

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: \_\_\_\_\_ SUITE# \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Alarm Monitoring Service: \_\_\_\_\_

**CONTACT PERSONNEL FOR ALARM SITE MUST BE PROVIDED**

**Minimum of 2 local contacts NOT living in the home**

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](mailto:alarmpermituser@cityofcarrollton.com)

**FOR STAFF USE ONLY**

PERMIT NO. \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

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

**NEW APPLICATION: \$75**

**RENEWAL APPLICATION: \$50**