



ALARM PERMIT - RESIDENTIAL
 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

NAME _____ ALARM SITE ADDRESS _____ APT # _____

Responsible Person's Contact #:

HOME# _____ WORK# _____ CELL# _____

Billing Name: _____

Billing Address: _____

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

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: \$50

RENEWAL APPLICATION: \$25