

CITY OF FRISCO ALARM PERMIT APPLICATION

Please Print or Type

NAME OF PERMIT HOLDER/RESPONSIBLE PERSON: _____ (DOB) _____

NAME OF BUSINESS/RESIDENT: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: DAY (_____) _____ EVENING (_____) _____

IF BUSINESS - RESPONSIBLE PERSON: _____ (DOB) _____

ALARM SITE ADDRESS: _____

ALARM SITE TELEPHONE: (_____) _____

ARE THERE DOGS ON PREMISES? ___ GUNS? ___ HANDICAPPED PERSONS? ___

ALARM IS: RESIDENTIAL COMMERCIAL AUDIBLE SILENT

TYPE OF ALARM: BURGLARY ROBBERY FIRE MEDICAL PANIC

CHECK ALL THAT APPLY: GLASS BREAKAGE MOTION DETECTION DOOR ACTIVATION

WINDOW ACTIVATION GARAGE DOOR ACTIVATION PANIC BUTTON AUTOMATIC RESET

POLICE NOTIFIED BY: ALARM CO. PANEL OTHER (SPECIFY) _____

ALARM OR MONITORING COMPANY

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ PHONE: (_____) _____

DATE ALARM INSTALLED: _____ DATE SERVICE BEGAN: _____

CONTACT PERSONS - OTHER THAN ABOVE

MUST HAVE ACCESS TO PREMISES AND ALARM. 30 MINUTES MAXIMUM RESPONSE TIME. **LIST 3 OR MORE.**
(PROVIDE NAME, DAYTIME AND EVENING PHONES)

NAME: _____ PHONE: DAY (_____) _____ EVENING (_____) _____

NAME: _____ PHONE: DAY (_____) _____ EVENING (_____) _____

NAME: _____ PHONE: DAY (_____) _____ EVENING (_____) _____

DATE: _____ SIGNATURE OF PERMIT HOLDER : _____

DATE APPLICATION RECEIVED _____ RECEIVED: IN PERSON MAIL

METHOD OF PAYMENT: CASH CHECK (# _____) RECEIPT # _____

PERMIT NO. _____ ISSUE DATE: _____ EXPIRATION DATE _____

CAD ENTRY DATE _____ BY _____ VERIFIED BY _____

RENEWAL PERIOD _____

RENEWAL PERIOD _____

RENEWAL PERIOD _____

OFFICE USE ONLY

Please send payment to: City of Frisco, Police Department, 8750 McKinney Rd. Suite 500, Frisco, TX 75034