

Cedar Hill Police Department-Alarm Unit

285 Uptown Blvd., Building 200 Cedar Hill, Texas 75104

Permit #

Residential Registration Form

A non-refundable/non-transferable annual registration fee (\$50.00) must be submitted with each application. Make check or money order payable to: City of Cedar Hill and write "PD Alarm Unit" on the memo line.

Senior Discount I am 65 years of age or older and own/rent AND reside at the permit location (\$25.00 permit fee)							
Opt out Option I have read and understand that by election to exclude the city from receiving an alarm signal it is my responsibility to ensure that the city does not receive an alarm signal after the election is made. The city shall impose a fee of \$250 for each response to a signal from the alarm system requested by an alarm systems monitor after the election is made. Signature Date							
1	Alarm User Name						
	rm Location		Suite/A	pt.#			
City	у	State	Zi	p code			
Pho	one 1	Phone 2	·				
2	Responsible Party Billing Name		Phone 1		Phone 2		
Bill	ing Address			Suite/Apt.#			
Cit	y St	ate		Zip co	de		
Dri	ver's License/State ID#	Driver's License/State ID# State Date of Birth					
Bill	ing Email		Yes	No	(Email all invoices/letters)		
Bill 3	#1 Contact Name (Last,First)		Yes Phone 1	No	Email all invoices/letters) Phone 2		
	#1 Contact Name (Last,First)		Phone 1 Phone 3	No	Phone 2		
			Phone 1	No			
	#1 Contact Name (Last,First) #2 Contact Name (Last,First)		Phone 1 Phone 3 Phone 1 Phone 3		Phone 2 Phone 2		
	#1 Contact Name (Last,First)		Phone 1 Phone 3 Phone 1 Phone 3		Phone 2 Phone 2		
3	#1 Contact Name (Last,First) #2 Contact Name (Last,First)		Phone 1 Phone 3 Phone 1 Phone 3		Phone 2 Phone 2		
3	#1 Contact Name (Last,First) #2 Contact Name (Last,First) Special Conditions/Hazards (List hazards)		Phone 1 Phone 3 Phone 1 Phone 3		Phone 2 Phone 2		
3 4 5	#1 Contact Name (Last,First) #2 Contact Name (Last,First) Special Conditions/Hazards (List hazards)	ous conditions/materials,guard dogs	Phone 1 Phone 3 Phone 1 Phone 3		Phone 2 Phone 2		
3 4 I hav perm "Ala all fe	#1 Contact Name (Last,First) #2 Contact Name (Last,First) Special Conditions/Hazards (List hazards) Alarm Company	monitored and know the same to be isions of the City of Ceda ges to same. I understand may arise from the operat	Phone 1 Phone 3 Phone 3 Phone 3 s, security personner true and correrr Hill code of that I will be	ect. I her Ordinar responsi	Phone 2 Phone 2 directions to alarm site, etc.) eby agree that if a ace Chapter 2.5 ble for payment of		

FALSE ALARM PREVENTION CHECKLIST

Complete this form and return it with your completed application and payment.

Y/N		
	1.	I have been made aware of the applicable alarm ordinance and I will comply with its requirements.
	2.	I understand it is my responsibility to prevent false alarms, and I understand it is critical and my responsibility to assure that all users of the system (such as residents, employees, guests, cleaning people, and repair people) are trained on the proper use of the system.
	3.	I have been trained in the proper operation of the system and have been given an operating sheet summarizing the proper use of the system, as well as the security system operating manual
	4.	I know how to turn off motion detectors while leaving other sensors on. (Residential Only)
	5.	I know how to test the system, including the communication link with the monitoring center.
	6.	I understand that my entry time is and my exit time is
	7.	I have the alarm company phone number to request repair service or to ask questions about the alarm system.
	8.	I know how to cancel an accidental alarm activation and have the system cancellation code or code word.
	9.	I understand that indoor pets can cause false alarms and I will contact my alarm company to adjust the system if I acquire any additional indoor pets.
	10.	I understand that the main control panel and transformer are located in
	11.	I have received an alarm sheet, which describes how the alarm company will communicate
		with me in the event of various alarm signals.
	12.	I understand the importance of:
		§ keeping my emergency contact information updated and I know how to do this; § immediately advising the alarm company if my phone number changes (including area code changes); and § immediately advising the alarm company of any other changes to my telephone service such as call waiting or a fax line.
	13.	I will advise the alarm company if I do any remodeling (such as painting, moving walls, doors or windows).
	14.	I understand that certain building defects (such as loose fitting doors or windows, rodents, inadequate power, and roof leaks) can cause false alarms. I will correct these defects as I become aware of them.
	15.	The alarm company has given me written false alarm prevention techniques to help me
		prevent false alarms.
respor	nsible fo	ser, I certify that my answers to the above questions are correct. I understand that I am or contacting my Alarm Installation or Alarm Monitoring Company to get any information related above items that I marked as "N" or "No".
Name	(printed	Signature:
Alarm	ned Addı	ress: Date: