



# City of Dallas Alarm Permit Application For Burglar and/or Holdup/Panic/Duress Alarm Systems

**Please  
Print**  
The application  
will be returned  
if not filled out  
completely.

**NEW, RENEWAL AND REINSTATEMENT PERMIT FEE SCHEDULE:**

\$50 for Residential Alarm Site, Residential Unit in Apartment Complex, Apartment Complex Master Permit, or Apartment Complex Nonresidential Areas (For example: office, gym, equipment room, common areas, etc.)  
\$100 for Commercial Alarm Site

**ALARM SITE INFORMATION** (For businesses in shopping centers, use the street address, **NOT the name of the shopping center**. Also, if the alarm site is known by multiple street addresses, provide a list of all of the addresses with this application).

\_\_\_\_\_  
Name of Resident or Business Name (D.B.A.) at Alarm Location

- Residential Alarm Site
- Residential Unit in Apartment Complex
- Apartment Complex Master Permit
- Apartment Complex Nonresidential Areas
- Commercial Alarm Site

Street #	(N, S, E, W)	Street Name	St. Designation (St., Ln., Blvd.)	Suite/Apt. #	Zip Code
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**ALARM SYSTEM INFORMATION**

- Burglar Alarm     
  Holdup/Panic/Duress Alarm     
  Combination

**TYPE OF APPLICATION**

- New Permit     
  Renewal     
  Reinstatement  
 Update Information (no fee)

\_\_\_\_\_  
Date of Occupancy

**PERMIT HOLDER INFORMATION:** (Person who is **locally** responsible for responding to alarms and giving access to the alarm site and who is responsible for proper maintenance and operation of the alarm system and payment of fees.) The permit cannot be issued without **ALL** of the following information.

\_\_\_\_\_  
Permit Holder's Driver's License # or Government-Issued Photo ID # and State of Issuance      Social Security #

\_\_\_\_\_  
Permit Holder's Last Name      First Name      Middle Initial

Residential or Business Physical Address Where Permit Holder May Be Contacted (Must Be Different From Alarm Site Address)

Street #	Street Name	City	State	Zip Code	Home Phone #	Business Phone #
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E-mail	Cell Phone #
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**Mailing Address:** (If different from addresses listed above)

Street #	Street Name	City	State	Zip Code
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**SECONDARY CONTACT PERSON INFORMATION** (Another person who is able to respond to alarms to give access to the alarm site.)

Last Name	First Name	Home Phone #	Business Phone #
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**NAME OF ALARM COMPANY** \_\_\_\_\_ **ALARM COMPANY STATE LICENSE #** \_\_\_\_\_

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Article I, Chapter 15C of the Dallas City Code and applicable State Laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system servicing the above premises. I have read the information provided on the back of this application.

**DATE:** \_\_\_\_\_ **SIGNATURE OF PERMIT HOLDER:** \_\_\_\_\_

Mail completed application and permit fee to:  
 City of Dallas  
 Security Alarms  
 P.O. Box 139076  
 Dallas, TX 75313-9076

**THE CHIEF SHALL REFUSE POLICE RESPONSE TO ANY BURGLAR ALARM NOTIFICATION FROM AN ALARM SITE THAT DOES NOT HAVE A VALID ALARM PERMIT. [Section 15C-2(b), Dallas City Code.]**

**To receive your alarm permit number immediately, bring the completed permit application and permit fee to the Special Collections Division, 1500 Marilla Street, Room 2DS, Monday - Friday, excluding holidays. For additional information or assistance in completing this application, please call the Special Collections at (214) 670-3438.**

**HAVE YOU ENCLOSED YOUR PAYMENT?**