



TOWN OF FLOWER MOUND
FALSE ALARM REDUCTION PROGRAM
P.O. BOX 143186 Irving, TX 75014-3186

INSTRUCTIONS: Print legibly. Complete all items. Complete a separate form for EACH address to be registered.

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box. (Please print)

ALARM PERMIT APPLICATION

Type of Alarm: (Please check one) [] Burglary [] Panic [] RESIDENTIAL [] BUSINESS [] GOVERNMENT AGENCY

Name of Responsible Party: [Grid]

Business Name: [Grid]

Alarm Location: [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Billing Address: (if different) [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Enroll to Go Paperless: [] (If enrolled, you opt for email notifications and you will no longer receive notifications by USPS. If not enrolled, you agree to receive notifications by USPS.)

Email Address: [Grid]

Home Phone: [Grid] Alternate Phone: [Grid]

Office Phone: [Grid]

CONTACT PERSON(S)

1. Name: [Grid]

Home Number: [Grid] [Grid] [Grid] [] Mobile [] Work Number: [Grid] [Grid] [Grid]

2. Name: [Grid]

Home Number: [Grid] [Grid] [Grid] [] Mobile [] Work Number: [Grid] [Grid] [Grid]

SPECIAL CONDITIONS (OPTIONAL)

In order to ensure the safety of our police officers and the public and to enable the police department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, hazardous substances, etc.)

Comment: [Grid]

ALARM INSTALLATION DETAILS

Date of Installation: [Grid] / [Grid] / [Grid]

Alarm Installation Company: [Grid] Phone Number: [Grid] [Grid] [Grid]

Monitoring Company: (if different) [Grid] Phone Number: [Grid] [Grid] [Grid]

I have carefully read the completed application and acknowledge it to be true and correct. I hereby agree that if a permit is issued, I will comply with all provisions of the Town of Flower Mound alarm ordinance and state laws. It is the alarm owner's responsibility to prevent false alarms and to ensure that all users of the system are trained in the use of the alarm system. Additionally, it is the alarm owner's responsibility to notify the alarm company of any changes to this Information.

Signature: (Owner) (Signature is required to have a valid permit) _____ Date: [Grid] / [Grid] / [Grid]

In accordance with the Town Council Ordinance 35-14, if you have an alarm system in the Town of Flower Mound, it must be registered with the town.

Per Ord. 35-14, Ch.30, Sect. 30-53, the registration fee is \$35 (residential permit) and \$50 (commercial permit). The annual renewal fee is \$35 (residential) and \$50 (commercial) for permit holders who have had a false alarm in the said preceding 12-month period, which renewal fee is waived for permit holders with no false alarms in the said preceding 12-month period.

Per Ord. 35-14, Ch. 30, Sect. 30-33, a service fee of \$50 for each other false alarm occurring after the third false alarm within said preceding 12-month period and \$150 for each false alarm occurring after the seventh false alarm within said preceding 12-month period will be billed to the permit holder.

The Town of Flower Mound may revoke a permit for a false statement or failure to pay a permit or a service fee. Use of an unregistered alarm system may result in a citation.

Make Checks Payable To: Town of Flower Mound

Registration Fee: Residential \$35.00 Commercial \$50.00

Form must be fully completed & signed to have a valid permit

For Customer Service Call: 1-877-356-7875

Return this form and registration fee to: Town of Flower Mound P.O. Box 143186 Irving, TX 75014-3186