



City of Grand Prairie, Texas

Alarm Permit Application

A NON-REFUNDABLE PERMIT FEE MUST BE SUBMITTED WITH EACH ALARM PERMIT APPLICATION. MAKE CHECK OR MONEY ORDER PAYABLE TO: **City of Grand Prairie**

| | | | | |
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| <input checked="" type="checkbox"/> One Below | | SELECT FEE TYPE TO PAY (<input checked="" type="checkbox"/> <i>One fee per Alarm Address / Site Location</i>) | | |
| 1 | ALARM USER TYPE: <input checked="" type="checkbox"/> <i>One to the right</i> | BURGLAR <input type="checkbox"/> | FIRE <input type="checkbox"/> | BOTH TYPES <input type="checkbox"/> |
| | <input type="checkbox"/> Single Family (House, Apartment, Condo, etc.) | \$30.00 <input type="checkbox"/> | \$30.00 <input type="checkbox"/> | \$50.00 <input type="checkbox"/> |
| | <input type="checkbox"/> Multi-Family <small>Apartment or Multi-unit Complex (Business Type)</small> Units <input type="text"/> | <input type="checkbox"/> | \$50 per 100 units | |
| | <input type="checkbox"/> Commercial (Business Type) | \$50.00 <input type="checkbox"/> | \$50.00 <input type="checkbox"/> | \$75.00 <input type="checkbox"/> |
| | <input type="checkbox"/> Financial (F) (e.g., Bank, Credit Union, etc.) | \$100.00 <input type="checkbox"/> | | |
| <input type="checkbox"/> School (SCH) | <i>Schools are exempt from fees but are required to register.</i> | | | |

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|----------------------|--|--------------------------|----------------------|--|------------|
| 2 | ALARM USER CONTACT NAME AND ORGANIZATION NAME | | | (*If MULTI-FAMILY, COMMERCIAL, FINANCIAL, SCHOOL) | |
| | ALARM USER NAME OR ORGANIZATION CONTACT NAME: | | | ORGANIZATION / COMPANY NAME | |
| | <input type="text"/> | | | <input type="text"/> | |
| | <i>First Name</i> | | <i>Last Name</i> | * Business / Legal Name of Organization / Company. | |
| | Phone | <input type="text"/> | Cell | <input type="text"/> | Fax |
| | e-mail Address: | <input type="text"/> | | | |
| Federal ID | | Drivers License # | STATE | Date of Birth (mm/dd/yyyy) | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

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|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| 3a | ALARM ADDRESS / SITE LOCATION: | | | | |
| | Street Number (include Suite / Apt Number) | Gate Code | City | State | Zip Code |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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|----------------------|--|----------------------|----------------------|----------------------|--|
| 3b | <input type="checkbox"/> BILLING / MAILING ADDRESS (If different from Alarm Address / Site Location): | | | | |
| | Street Number (include Suite / Apt Number) | City | State | Zip Code | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

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|----------------------|---|----------------------|--|---|--|
| 4 | Alarm Vendor Information | | | ** 2 nd Alarm Vendor Phone & Fax #'s are optional. | |
| | Name of Company (Alarm Monitoring Company) | | Date Installed or Activated for You | Date Last Serviced | |
| | Phone #1 | Phone #2 | Fax | | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

* Multi-Family is a Business permit type for apartment and other multi-unit complexes. The permit is for the business and the fee cost is based on the number of multi-family units in units of 100. A complex with 100 or less units has a fee of \$50. A complex of 101 to 200 units has a fee of \$100 and so on. Above in the Unit number box, record the total number of units. Then for each multiple of 100 units, times by \$50 to calculate total fee owed.

I have read the completed application above and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the City's Alarm Ordinance. I accept responsibility of payment for all fees and fines that may result from the operation of the alarm serving the above alarm site address. I understand that I must renew this permit annually, unless I have relocated or the alarm system is deactivated.

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|---|------------------------------|
| 5 | APPLICANT'S SIGNATURE |
| | <input type="text"/> |

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|---|----------------------|
| 6 | DATE |
| | <input type="text"/> |

Call the following phone number: **972-237-8652**, between 7:00 a.m. and 6:00 p.m., **Monday through Thursday** if you have questions.

A copy of the **City's Alarm Ordinance** is available at www.gptx.org/AlarmPermit

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| 7 | MAIL COMPLETED APPLICATION WITH PAYMENT TO: |
| | City of Grand Prairie, Alarm Permit |
| | 2004 E. at U.S. 29 Grand Prairie, TX 75056 |

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| BELOW FOR CITY'S ALARM PROGRAM PURPOSES |
| <input type="text"/> |

CONTACT PERSON(S): MUST HAVE ACCESS TO PREMISES AND ALARM

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|-----------------|---|------------|
| 1 | ALARM USER NAME & CONTACT INFORMATION: | |
| First Name: | | Last Name: |
| Phone: | | Cell: |
| e-mail Address: | | |
| 2 | ALARM USER NAME & CONTACT INFORMATION: | |
| First Name: | | Last Name: |
| Phone: | | Cell: |
| e-mail Address: | | |
| 3 | ALARM USER NAME & CONTACT INFORMATION: | |
| First Name: | | Last Name: |
| Phone: | | Cell: |
| e-mail Address: | | |
| 4 | ALARM USER NAME & CONTACT INFORMATION: | |
| First Name: | | Last Name: |
| Phone: | | Cell: |
| e-mail Address: | | |
| 5 | ALARM USER NAME & CONTACT INFORMATION: | |
| First Name: | | Last Name: |
| Phone: | | Cell: |
| e-mail Address: | | |
| 6 | ALARM USER NAME & CONTACT INFORMATION: | |
| First Name: | | Last Name: |
| Phone: | | Cell: |
| e-mail Address: | | |
| 7 | ALARM USER NAME & CONTACT INFORMATION: | |
| First Name: | | Last Name: |
| Phone: | | Cell: |
| e-mail Address: | | |
| 8 | ALARM USER NAME & CONTACT INFORMATION: | |
| First Name: | | Last Name: |
| Phone: | | Cell: |
| e-mail Address: | | |

ANIMALS AND PETS: PLEASE LIST ANY ANIMALS OR PETS ON THE PREMISE

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