

Mansfield Police Department • Burglar Alarm Permit Application • COMMERCIAL

Mansfield Police Department
1601 Heritage Parkway
Mansfield, Texas 76063
817-804-5700

OR

Mansfield Police Department
1305 E. Broad
Mansfield, Texas 76063
817-276-4733

Date received

Application will not be processed without an attached check or money order for \$100, \$200 for Financial Institutions made payable to the City of Mansfield. The permit becomes effective on the date the Police Department receives your completed application, and will be mailed to the Billing Address you provide. Please print your information clearly and return with payment.

For: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			
Address to be Permitted:	Mansfield	Zip Code	Date Moved to this Address:
Name of Business/Organization			Business/Organization Phone
Billing Address (if different from permit address)	City	St	Zip
Mail permit to the Attention of:			Billing Phone

NOTE: All correspondence will be mailed to the Billing Address.

Applicant's Full Name <i>(person responsible for the alarm)</i>	Date of Birth	Drivers license or ID <i>(State and Number)</i>		
Home address:	City	St	Zip Code	
Business address <i>(If different from above)</i>	City	St	Zip Code	Business phone
A. Name of Person to Contact for After-Hours Emergency			Phone	
B. Name of Person to Contact for After-Hours Emergency			Phone	
C. Name of Person to Contact for After-Hours Emergency			Phone	

Alarm Company Name	Address <i>(include city, state & zip code)</i>	Phone
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Any other pertinent information about the location:

E-Mail Address:
Confidentiality. Alarm system locations, types of systems, and the names of occupants at permitted locations are confidential information. The Police Department cannot disclose this information to others. See Section 1702.284 of the Texas Occupations Code for further information.

"The information contained in this application is true and correct as of the date of this application. I will inform the Police Department promptly of any changes. I shall comply with all provisions of the Alarms Chapter of the Code of Ordinances for the City of Mansfield and all applicable laws of the State of Texas. I accept responsibility for all fines and fees that may result from the operation of the alarm system for the premises named in this application, and shall pay all costs, expenses, and attorney's fees incurred or paid by the City of Mansfield for the collecting of such fines or fees."

Applicant's Signature <i>(Must be 18 or over)</i>	Applicant's Name Printed	Date	Time
For Office Use Only			
Date Issued	Expiration Date	Permit #	

**MANSFIELD POLICE DEPARTMENT
FALSE ALARM PREVENTION CHECKLIST**

Circle One:

- | | | | |
|-----|----|-----|--|
| Yes | No | 1. | I have been made aware of the applicable alarm ordinance and I will comply with its requirements. |
| Yes | No | 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. |
| Yes | No | 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. |
| Yes | No | 4. | I know how to turn off motion detectors while leaving other sensors on. (Residential Only) |
| Yes | No | 5. | I know how to test the system, including the communication link with the monitoring center. |
| Yes | No | 6. | I understand that I have _____ seconds upon entering and _____ seconds upon exiting to activate or deactivate the system before the alarm is set off. |
| Yes | No | 7. | I have the alarm company phone number to request repair service or to ask questions about the alarm system. |
| Yes | No | 8. | I know how to cancel an accidental alarm activation and have the system cancellation code or code word. |
| Yes | No | 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 indoor pets. |
| Yes | No | 10. | I understand that the main control panel and transformer are located in _____. |
| Yes | No | 11. | I have received an alarm sheet, which describes how the alarm company will communicate with me in the event of various alarm signals. |
| Yes | No | 12. | I understand the importance of the following: <ul style="list-style-type: none">• 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;• Immediately advising the alarm company of any other changes to my telephone service such as a call waiting or fax line. |
| Yes | No | 13. | I will advise the alarm company if I do any remodeling (such as painting, moving walls, doors or windows). |
| Yes | No | 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. |
| Yes | No | 15. | The alarm company has given me written false alarm prevention techniques to help me prevent false alarms. |

Comments:

Alarm Site Address:

Alarm Company:

Alarm User/Permit Holder

Print Name(s)

Name of Installer or Installation Company
(If Known)

Signature(s)

Date Time

This form must be submitted with alarm permit application.