



City Of Plano

ALARM #: \_\_\_\_\_

## Alarm Permit Application-Business

☐ New    ☐ Renewal    ☐ Update Information    ☐ Transfer  
☐ Cancellation Date Cancelled: \_\_\_\_\_ Reason for cancellation: \_\_\_\_\_

**This form MUST be Signed, Dated and Returned  
to the address below, even if the alarm is no longer in use.**

Business Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If different Billing/Mailing Address: \_\_\_\_\_

Business Days/Hours: \_\_\_\_\_

Installed by:

Alarm Company: \_\_\_\_\_

☐ Monitoring Company Notifies Police (complete space below)    ☐ Audible - (sound that can be heard outside the home)

Monitored by: \_\_\_\_\_ Texas License Number: \_\_\_\_\_

Dogs on Premises    ☐ Yes    ☐ No

### CONTACT INFORMATION

**You MUST list Two (2) Emergency Contact Names**

Manager/Owner: \_\_\_\_\_ Wk:(    ) \_\_\_\_\_ Hm:(    ) \_\_\_\_\_  
Drivers License #: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Wk:(    ) \_\_\_\_\_ Hm:(    ) \_\_\_\_\_

Other Contact: \_\_\_\_\_ Wk:(    ) \_\_\_\_\_ Hm:(    ) \_\_\_\_\_

Method of Payment:    ☐ Cash    ☐ Check    ☐ Mastercard    ☐ VISA    ☐ Discover

Name of Card Holder: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expire Date: \_\_\_\_\_

The Applicant, as a condition of granting this permit, acknowledges and agrees to hold harmless the City of Plano, its agents, officers and employees, for any damage they cause to property located on the applicant's premises while responding to an alarm unless such damage was caused by the intentional misconduct of the City its agents, officers and employees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit fee is \$100 - Make Checks Payable to: City of Plano

Mail To: Plano Police Department Attn: False Alarm Reduction Unit P.O. Box 860358, Plano, TX 75086-0358

Alarm Unit Phone #: 972.941.2426

Fax #: 972.941.2567

www.planopolice.org