



KELLER ALARM PERMIT APPLICATION

ALARM PROGRAM

P.O. BOX 142585 , Irving, TX 75014

1-877-230-1014

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

FEE: \$25.00

PERMIT HOLDER: New Renewal Alarm Site : Residential Commercial

Name: (Last name, First name):

Business Name (If alarm site is commercial):

Site Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Billing Information (if different from Permit holder):

City:

State:

Zip:

Phone #1 (H):

Alarm Monitored by:

Alarm Company Phone Number:

CONTACT PERSONS: Must have access to premises and alarm - 45 minute maximum response time.

(MINIMUM OF TWO PERSONS)

Name #1:

Phone #1 (H):

Phone (W):

Phone (C):

Name #2:

Phone #2 (H):

Phone (W):

Phone (C):

I have carefully read the completed application and know the same to be true and correct I hereby agree that if a permit is issued, I will comply with all provisions of the City of Keller Alarm Ordinance #1599. I understand that I will be responsible for payment of all fees and charges and any civil action which may arise from the operation of this alarm system. I also understand that any false statements made for the purpose of obtaining an alarm permit is sufficient cause for refusal or revocation of an alarm permit.

Applicant Signature: _____

DATE: / /

Make Checks Payable To: City of Keller

Return this form and registration fee to:

City of Keller

P.O. Box 142585 Irving, TX 75014