## Mansfield Police Department • Burglar Alarm Permit Application • RESIDENTIAL

Mansfield Police Department 1601 Heritage Parkway Mansfield, Texas 76063

Phone: 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 \$50, made payable to the City of Mansfield. Persons 65 and over do not have to pay the permit fee if the permit address is their primary residence. 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.

Individual permit for:   Single family dwelling	g 🗆 Apartmen	t 🗆 Duplex 🛭	□ Mobile Hom	е			
Street Address to be Permitted:	Apt #	Mansfield	Zip Code	Date Move	ed to this Address:		
Applicant's Full Name Date of Birth				Texas Drivers License or State ID#			
Billing Address (if different from permit addre	ess)	City, State, Zip Code			E-Mail		
A. Name of Person to Contact				Home Pho	ne		
Office Phone Cell Phone					Other:		
B. Name of Person to Contact					Home Phone		
Office Phone Cell Phone					Other:		
C. Name of Person to Contact					Home Phone		
Office Phone Cell Phone				Other:			
Alarm Company Name	Address (includ	e city, state &	zip code)	Phone			
Pets: Number and Type Inside Pets:				Number and Type Outside			
<b>Confidentiality.</b> Alarm system locations, typinformation. The Police Department cannot Code for further information.			· ·	-			
"The information contained in this application Department promptly of any changes. I shall City of Mansfield and all applicable laws of the operation of the alarm system for the prefees incurred or paid by the City of Mansfield	comply with all se State of Texas emises named ir	provisions of s. I accept responding this application	the Alarms Ch consibility for on, and shall p	apter of the all fines and	Code of Ordinance for the difees that may result from		
Applicant's Signature (Must be 18 or over)	Applica	oplicant's Name Printed		Date Time			
	For Of	fice Use Only					
Date Issued		ion Date		Permit #			
	1			1			

## **MANSFIELD POLICE DEPARTMENT FALSE ALARM PREVENTION CHECKLIST**

Circle	One:		Page 2				
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.	<ul> <li>I understand the importance of the following:</li> <li>Keeping my emergency contact information updated and I know how to do this;</li> <li>Immediately advising the alarm company if my phone number changes including area code;</li> <li>Immediately advising the alarm company of any other changes to my telephone service such as a call waiting or fax line.</li> </ul>				
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:							
<del>-</del>							
Alarm Site Ad	ddress:						
Alarm Compa	any:		Alarm User/Permit Holder				
			Print Name(s)				
Name of Installe	er or Installati	on Compan	y Signature(s)				
(If Known)			Date Time				