



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**

<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>	<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>			

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

3a	ALARM ADDRESS / SITE LOCATION:				
	Street Number (include Suite / Apt Number)	Gate Code	City	State	Zip Code

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

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		

* 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.

5	APPLICANT'S SIGNATURE

6	DATE

Call the following phone number: **972-237-8652**, between **9:00 a.m.** and **3:00 p.m.**, **Monday through Friday** if you have questions. E-mail questions to alarmpermit@gptx.org. A copy of the **City's Alarm Ordinance** is available at the following location: <http://www.gptx.org/alarmpermits>

7	MAIL COMPLETED APPLICATION WITH PAYMENT TO:
	City of Grand Prairie, Alarm Permit P.O. Box 532473 Grand Prairie, TX 75053-2473

BELOW FOR CITY'S ALARM PROGRAM PURPOSES

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

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
