

INSTRUCTIONS
FOR COMPLETING
ALARM PERMIT APPLICATION

"PERMIT HOLDER" SHOULD BE THE PERSON CHARGED WITH THE RESPONSIBILITY OF MAINTAINING THE PREMISES AND THE OPERATION OF THE ALARM SYSTEM. THIS PERSON WILL ALSO BE HELD FINANCIALLY RESPONSIBLE SHOULD SERVICE FEES OR FINES BE ASSESSED.

"CONTACT PERSONS" THE FIRST PERSON IN THIS CATEGORY SHOULD BE THE PERSON MOST READILY AVAILABLE TO ANSWER THE ALARM, SHOULD THE POLICE DEPARTMENT REQUIRE SOMEONE. THIS PERSON MUST HAVE ACCESS TO THE BUILDING AND THE ALARM AND BE PREPARED TO DEACTIVATE THE ALARM. FOR THE HOMEOWNER, THIS COULD BE A CLOSE NEIGHBOR, FRIEND, RELATIVE, OR THE ALARM COMPANY REPRESENTATIVE IF THEY PROVIDE THIS SERVICE. THE PERSON DESIGNATED MUST BE ABLE TO REACH THE LOCATION WITHIN THIRTY (30) MINUTES IF REQUIRED BY THE POLICE DEPARTMENT.

THE SECOND/THIRD CONTACT PERSON(S) SHOULD MEET THE SAME REQUIREMENTS AS THE FIRST PERSON. HE/SHE WILL BE CONTACTED SHOULD THE FIRST PERSON NOT BE AVAILABLE. THE THIRD PERSON IS DESIRABLE, BUT NOT MANDATORY. THERE MUST BE TWO (2) PERSONS LISTED ON THE PERMIT APPLICATION.

A PERMIT HOLDER MUST INFORM THE CITY OF FRISCO POLICE DEPARTMENT OF ANY CHANGES ON THE APPLICATION WITHIN TEN (10) WORKING DAYS. NO FEE IS CHARGED FOR APPLICATION UPDATES.

PLEASE MAKE ALL CHECKS FOR PERMITS PAYABLE TO "CITY OF FRISCO". PERMIT FEES/ RENEWAL FEES ARE TWENTY-FIVE (\$25.00) PER YEAR PER ALARM SITE FOR COMMERCIAL AND/OR RESIDENTIAL ALARMS, DUE AND PAYABLE PRIOR TO THE LAST DAY OF THE MONTH IN WHICH THE PERMIT EXPIRES.

UPON COMPLETION OF APPLICATION, RETURN ALL COPIES WITH PAYMENT TO:

Frisco Police Department
7200 Stonebrook Pkwy
Frisco, TX 75034

CITY OF FRISCO ALARM PERMIT APPLICATION

Please Print or Type

NAME OF PERMIT HOLDER: _____ (DOB) _____

NAME OF BUSINESS/RESIDENT: _____

BILL TO ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: DAY (_____) _____ EVENING (_____) _____

ALARM SITE ADDRESS: _____

ALARM SITE TELEPHONE: (_____) _____

ARE THERE DOGS ON PREMISES? _____ GUNS? _____ HANDICAPPED PERSONS? _____

ALARM IS: RESIDENTIAL COMMERCIAL AUDIBLE SILENT

TYPE OF ALARM: BURGLARY ROBBERY FIRE MEDICAL PANIC

CHECK ALL THAT APPLY: GLASS BREAKAGE MOTION DETECTION DOOR ACTIVATION

WINDOW ACTIVATION GARAGE DOOR ACTIVATION PANIC BUTTON AUTOMATIC RESET

POLICE NOTIFIED BY: ALARM CO. PANEL OTHER (SPECIFY) _____

ALARM OR MONITORING COMPANY

NAME: Advanced Virtual Surveillance, Inc. B-13854/ ACR-3210

ADDRESS: 12300 Ford Rd Suite 414 CITY: Dallas

STATE: Texas 75234 PHONE: (972) 331-1065

DATE ALARM INSTALLED: _____ DATE SERVICE BEGAN: _____

CONTACT PERSONS - OTHER THAN ABOVE
MUST HAVE ACCESS TO PREMISES AND ALARM. 30 MINUTES MAXIMUM RESPONSE TIME. LIST 3 OR MORE.
(PROVIDE NAME, DAYTIME AND EVENING PHONES)

NAME: _____ PHONE: DAY (_____) _____ EVENING (_____) _____

NAME: _____ PHONE: DAY (_____) _____ EVENING (_____) _____

NAME: _____ PHONE: DAY (_____) _____ EVENING (_____) _____

DATE: _____ SIGNATURE OF PERMIT HOLDER : _____

DATE APPLICATION RECEIVED _____ RECEIVED: IN PERSON MAIL
METHOD OF PAYMENT: CASH CHECK (# _____) RECEIPT # _____
PERMIT NO. _____ ISSUE DATE: _____ EXPIRATION DATE _____
CAD ENTRY DATE _____ BY _____ VERIFIED BY _____
RENEWAL PERIOD _____
RENEWAL PERIOD _____
RENEWAL PERIOD _____
OFFICE USE ONLY