



CITY OF MCKINNEY ALARM PERMIT APPLICATION

PERMIT# _____

RESIDENT or BUSINESS NAME: _____

ALARM SITE ADDRESS: _____ ZIP _____

ALARM SITE PHONE: _____ FAX #: _____

E-MAIL ADDRESS: _____

DOGS ON PREMISES? YES _____ NO _____ GUNS ON PREMISES? YES _____ NO _____

ARE THERE HANDICAPPED PERSONS ON PREMISES? YES _____ NO _____

* Please complete all requested information with a yes or no and further details if needed.

LOCATION: [] RESIDENTIAL [] COMMERCIAL
ALARM TYPE: [] BURGLARY [] ROBBERY [] BOTH
PD NOTIFIED BY: [] ALARM CO [] PHONE (DIRECT) [] PANEL [] OTHER

ALARM/ MONITORING COMPANY: Advanced Virtual Surveillance PHONE: 972-331-1065
B-13854 / ACR-3210

BILLING INFORMATION: NAME: _____
ADDRESS: _____
PHONE#: _____ FAX #: _____
E-MAIL: _____

ALTERNATE PHONE #S: _____

CONTACT PERSONS: Please list at least 3 persons with a 30 minute maximum response time.

*List persons in the order they are to be contacted.

#1 NAME: _____ #2 NAME: _____
ADDRESS: _____ ADDRESS: _____
HOME #: _____ HOME#: _____
WORK#: _____ WORK#: _____
CELL#: _____ CELL#: _____

#3 NAME: _____ #4 NAME: _____
ADDRESS: _____ ADDRESS: _____
HOME #: _____ HOME#: _____
WORK#: _____ WORK#: _____
CELL#: _____ CELL#: _____

OFFICE USE ONLY

PERMIT #: _____ ISSUE DATE: _____ EXP. DATE: _____

[] ORIGINAL [] DATA CHANGE [] DELETE PERMIT [] REISSUE PERMIT [] SUSPENSION

FOR QUESTIONS PLEASE CALL THE CITY OF MCKINNEY ALARM PERMIT DIVISION
CITY OF MCKINNEY --- PO BOX 140549 --- IRVING, TX. 75039 --- 972-831-7493