



Alarm Permit Application

Check all that apply.

<input type="checkbox"/> NEW PERMIT (NO FEE) <input type="checkbox"/> INFORMATION UPDATE ONLY (NO FEE) <input type="checkbox"/> DNEWAL (\$15) <input type="checkbox"/> REINSTATEMENT FEE FOR REVOKED PERMIT (\$15 + UNPAID BALANCED)	<input type="checkbox"/> RESIDENTIAL ALARM SITE <input type="checkbox"/> BUSINESS ALARM SITE
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RESIDENT OR BUSINESS NAME
ALARM LOCATION (street, city, state, zip)
PHONE NUMBER(S) OF ALARMED LOCATION

NOTE: All correspondence will be mailed to the billing address.

BILLING ADDRESS (if different from above)

ATTENTION (name, position, phone)
EMAIL ADDRESS

HOME/BUSINESS OWNER'S NAME		
ADDRESS (street, city, state, zip)		
HOME PHONE	WORK PHONE	MOBILE PHONE

CO-RESIDENT/BUSINESS MANAGER'S NAME		
HOME PHONE	WORK PHONE	MOBILE PHONE

PLEASE LIST 1 – 3 CONTACTS WHO CAN RESPOND WITHIN 30 MINUTES AT THE REQUEST OF AN OFFICER (NAME/CONTACT NO.)

- A.
- B.
- C.

ALARM SYSTEM INFORMATION

NAME OF MONITORING COMPANY

ADDRESS (street, city, state, zip)

NAME OF ALARM COMPANY (if different from above)

ADDRESS (street, city, state, zip)

Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> BURGLARY | <input type="checkbox"/> AUTOMATIC RESET |
| <input type="checkbox"/> HOLDUP/ROBBERY | <input type="checkbox"/> MANUAL RESET |
| <input type="checkbox"/> 4NIC/DURESS | <input type="checkbox"/> SILENT / AUDIBLE / BOTH (circle which) |

INSTALLATION DATE

LAST INSPECTION DATE

COMMENTS REGARDING PREMESIS (pets, hazards, etc.)

All alarm locations must possess a valid permit with the City of Temple Police Department. It is the alarm owner’s responsibility to prevent false alarms and to ensure that all users are trained in the use of the alarm system. Additionally, it is the responsible party’s duty to notify the alarm administrator of any changes to the alarm permit. Permits renew every 2 years.

I hereby certify that the above information is accurate to the best of my knowledge. I also accept complete responsibility for any and all charges and/or fees accrued by my alarm system in accordance with the City of Temple alarm ordinance, no. 2001-2765 chap. 28.

PRINTED NAME	SIGNATURE	OWNER/MANAGER	DATE
PRINTED NAME	SIGNATURE	OWNER/MANAGER	DATE

If you have any additional questions, please visit the city’s website at templetx.gov or contact the Alarm Administration Office at 254-298-5580 Mon. – Fri., 8am – 5pm.

Appendix A

INSTALLER FALSE ALARM PREVENTION PROGRAM CHECKLIST

Yes	No	(check one)
_____	_____	1. If a duress feature was installed, I thoroughly explained it and I did not use + keypad coding.
_____	_____	2. I confirmed that the control panel has been programmed so that:
_____	_____	a. it will not transmit more than ___ alarm signals from the same zone until manually restored at the premises. (Recommended no more than two)
_____	_____	b. it will delay at least fifteen seconds before initiating dialing on intrusion alarm signals.
_____	_____	c. it has adequate delay time on entry/exit doors (delay of 45 seconds or more is recommended)
_____	_____	d. a cancel code can be entered by the customer to cancel accidental alarms.
_____	_____	3. I verified that police and fire panic buttons cause a siren or speaker to sound and that medical panic buttons cause an audible signal.
_____	_____	4. I verified that the keypad(s) emit sufficient sound to inform occupants when an entry/exit door sensor has been triggered.
_____	_____	5. I installed and tested standby/backup power.
_____	_____	6. I reviewed the "Customer False Alarm Prevention Checklist" with the customer.
_____	_____	7. I determined whether the customer had special telephone features, such as call waiting, and took appropriate steps to allow proper control panel dialing and monitoring center verification.
_____	_____	8. I made sure the control panel was properly grounded.
_____	_____	9. I made sure that all door and window contacts were properly selected, installed and tested. I considered loose fitting doors and windows, whether wide gap contacts were needed, and steel doors and windows. I followed the manufacture's installation instructions.
_____	_____	10. I made sure all glass breakage sensors were properly selected, installed and tested. I gave consideration to pets, on site noises and the general environment I followed the manufacturer's installation instructions.
_____	_____	11. All motion type detectors were properly selected, properly installed and tested. I gave consideration to pets, sunlight other heat sources, and harsh environments. I followed the manufacturer's installation instructions.

Please explain if you answered "No" to any of the above items:

Alarm Company _____ // _____ // _____
Company Tx Lic # Tech's name

Installation _____ // _____ // _____ Date of Activation: _____ // _____ // _____

See reverse side for Appendix B. Both Appendixes MUST be completed and returned with the permit.

Appendix B

CUSTOMER FALSE ALARM PREVENTION PROGRAM CHECKLIST

Yes	No	(Check One)
_____	_____	1. I have been trained in the proper operation of the system.
_____	_____	2. I have been given a summary operating sheet.
_____	_____	3. I have been given the security system operation manual.
_____	_____	4. I know how to cancel accidental alarm activations.
_____	_____	5. I have the cancellation code.
_____	_____	6. I know how to turn off motion detectors while leaving other sensors on.
_____	_____	7. I know how to test the system including the communication link with the monitoring center.
_____	_____	8. I understand the length of the delay time on designated entry/exit doors and I believe this will provide sufficient time to get in and out of the premise. My entry time is _____ My exit time is _____.
_____	_____	9. I have the alarm company phone number to request repair service or to ask questions about the alarm system.
_____	_____	10. I have been offered the option of a training/no dispatch period.
_____	_____	11. I understand that indoor pets can cause false alarms and I will contact my alarm company to adjust the system if I acquire any additional indoor pets.
_____	_____	12. I know where the main control panel and transformer are located.
_____	_____	13. I have received an alarm sheet which describes how the alarm company will communicate with me in the event of various alarm signals.
_____	_____	14. I understand the importance of keeping my emergency contact information updated and I know how to do this.
_____	_____	15. I understand the importance of immediately advising the alarm company if my phone number changes including area code changes.
_____	_____	16. I understand the importance of any other changes to my telephone service such as call waiting or a fax line.
_____	_____	17. I have been made aware of the alarm ordinance, if any, that governs the operation of system and I will comply with applicable requirements. (permits, fees, ect.)
_____	_____	18. I will advise the alarm company if I do any remodeling (such as extensive painting, moving walls, doors or windows).
_____	_____	19. 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.
_____	_____	20. The alarm company has given me written false alarm prevention techniques to help me prevent false alarms.

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 used of the system.

Please explain if you answered "No" to any of the above items: (please print clearly)

Alarm subscriber signature: _____ Signature Date: _____//_____//_____