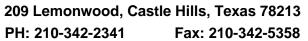
PERMIT #:	



## Castle Hills Police Department ALARM REGISTRATION FORM





TYPE OF ALARM					
☐ Burglary ☐ Robbery ☐ Fire ☐ Medical/Distress ☐ Other					
TYPE OF LOCATION WHERE SYSTEM IS USED (CHECK ONE ONLY)					
Residential Nonresidential	Institution-Financia	al Institution-Other			
	ALARM LOCATION INFORMATION				
**For businesses in shopping centers, use the street address and suite number, NOT the name of the shopping center.					
Name of Resident or Business Name (D.B.A.)	at Alarm location.				
Address (Street No., Street Name, Suite, Zip Co	de) P	hone Number			
2-010-					
**Person responsible for responding to alarms, providing access to the alarm site, proper maintenance and					
operation of the alarm system, com					
Name (Last, First, Middle)					
1.					
2.					
Driver's License #	State	Date of Birth			
1.					
2.					
Address (Street No., Street Name, Suite, Zip	Code)	Phone Number			
**For a residential alarm complete this section ONL nonresidential/institutional a					
Tiom estacitua minutational a	arm one provide residentic	i dddicoo.			
SECONDARY CONTACT PERSON					
**Another person who is able to respond to alarms, provide access to the alarm site, and reset the					
**Another person who is able to respond to a alarm system 24 hours a day, 7 days a week. U	arms, provide access to se the reverse of this fo	the alarm site, and reset the rm to provide additional names			
**Another person who is able to respond to a alarm system 24 hours a day, 7 days a week. U	arms, provide access to	the alarm site, and reset the rm to provide additional names			
**Another person who is able to respond to a alarm system 24 hours a day, 7 days a week. U of people who would	arms, provide access to se the reverse of this fo also be available to resp	the alarm site, and reset the rm to provide additional names ond.			

	PERMIT #:	
ALARM COMPANY INFORMATION		

Telephone

I have read the completed application and certify all information is true and correct. I accept responsibility for payment of penalty fees that may result from the operation of the alarm system servicing the above premises. I have listed on the reverse any hazards or unusual circumstances emergency responders may encounter such as chemicals, explosives, danger zones, pits, guard dogs, or anything that could cause illness or injury to a person unfamiliar with the premises.

Signature of Registrant:	Date:
olgridiate of regionant.	

## Mail or bring completed application to:

Castle Hills Police Department 209 Lemonwood Castle Hills, TX 78213 (210) 342-2341