

PERMIT #: \_\_\_\_\_



Castle Hills Police Department  
**ALARM REGISTRATION FORM**  
209 Lemonwood, Castle Hills, Texas 78213  
PH: 210-342-2341 Fax: 210-342-5358



TYPE OF ALARM				
<input type="checkbox"/> Burglary	<input type="checkbox"/> Robbery	<input type="checkbox"/> Fire	<input type="checkbox"/> Medical/Distress	<input type="checkbox"/> Other
TYPE OF LOCATION WHERE SYSTEM IS USED (CHECK ONE ONLY)				
<input type="checkbox"/> Residential	<input type="checkbox"/> Nonresidential	<input type="checkbox"/> Institution-Financial	<input type="checkbox"/> Institution-Other	

ALARM LOCATION INFORMATION	
**For businesses in shopping centers, use the street address and suite number, <i>NOT</i> 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 Code)	Phone Number

REGISTRANT NAME		
**Person responsible for responding to alarms, providing access to the alarm site, proper maintenance and operation of the alarm system, completing this application, and payment of fees.		
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 <i>ONLY</i> if the mailing/billing address is different from above. For a nonresidential/institutional alarm site provide residential address.		

SECONDARY CONTACT PERSON		
**Another person who is able to respond to alarms, provide access to the alarm site, and reset the alarm system 24 hours a day, 7 days a week. Use the reverse of this form to provide additional names of people who would also be available to respond.		
Name (Last, First, Middle)	Relationship	Phone Number
1.		
2.		

PERMIT #: \_\_\_\_\_

## ALARM COMPANY INFORMATION

Name

Address

Lic. #

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: \_\_\_\_\_

### Mail or bring completed application to:

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