



REGISTRATION NUMBER: _____
(Will be assigned by the City)

NEW REGISTRATION FEE: \$60.00
(Pro-rated each month)

ANNUAL RENEWAL FEE: \$20.00
(Due at time of registration)
(Due January 1) (Late Fee: \$10.00)

SECURITY ALARM REGISTRATION

THIS INFORMATION IS CONFIDENTIAL FOR *EMERGENCY PURPOSES* ONLY, ACCESS IS LIMITED.

IF YOUR ALARM SYSTEM IS MONITORED, PLEASE BE SURE YOUR ALARM COMPANY HAS THE PROPER EMERGENCY PHONE NUMBER: 972-547-5350, (THIS IS THE COLLIN COUNTY SHERIFF'S OFFICE DISPATCH NUMBER - HAVE THEM STATE THAT THE LOCATION OF THE SYSTEM IS IN THE CITY OF PARKER).

PLEASE PRINT

STREET ADDRESS: _____

HOME # _____

NAME1: _____

NAME 1: _____

MOBILE # _____

MOBILE # _____

WORK # _____

WORK # _____

E-MAIL: _____

E-MAIL: _____

ALARM SYSTEM INFORMATION: _____ AUDIBLE ONLY _____ MONITORED

MONITOR COMPANY: _____ PHONE NUMBER: _____

ARE ANY OTHER BUILDING(S) ATTACHED TO THE ALARM SYSTEM? ___ NO ___ YES WHERE? _____

DO ANY NEIGHBORS OR OTHER PEOPLE HAVE KEYS AND ALARM CODE? ___ NO ___ YES

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

Are there any areas of the residence that may affect Fire or Police officer's safety in response to an alarm? If so, please list general location and area of concern. (Such as firearm collection, dogs, supply of flammables, etc. This might also include dogs in the back yard that might bite someone entering to check the back of the residence, etc.) THIS INFORMATION IS NOT REQUIRED.

CHANGES REQUIRE AN UPDATED REGISTRATION WITHIN 10 DAYS AT NO ADDITIONAL CHARGE; *NEW OWNERSHIP* REQUIRES A NEW REGISTRATION AND FEE.

If new registration of existing system please indicate name of previous owner (if known): _____

SIGNATURE: _____ DATE: _____

FEE PAID: _____ CHECK _____ CASH _____ DATE PAID: _____ RECEIVED BY: _____