

☐ Residential - \$50.00 Annually ☐ Commercial - \$100.00 Annually

Alarm Location

Occupant or Business Name _____ Ph 1 _____ Ph 2 _____

Address _____ Suite/Apt# _____ Dog on Premise? Yes No

City _____ State _____ Zip _____ Other hazards on the premise? _____

Billing Information (If different than above)

Responsible Party _____ Ph 1 _____ Ph 2 _____

Address _____ Suite/Apt# _____ Receive all correspondence, renewals, and billing by email? Yes No

City _____ State _____ Zip _____ Please add pdalarm@plano.gov to your safe sender's list.

Email _____

Emergency Contacts

(List in order the individuals to be called in the event we have an alarm at your location. Do not list the same number more than once)

Name _____ Ph 1 _____ Ph 2 _____ Ph 3 _____

Name _____ Ph 1 _____ Ph 2 _____ Ph 3 _____

Name _____ Ph 1 _____ Ph 2 _____ Ph 3 _____

Name _____ Ph 1 _____ Ph 2 _____ Ph 3 _____

Monitoring Company

Is your alarm monitored? Yes No Monitoring Company _____

Payment Information

(Payment must accompany this form or it will not be accepted)

Payment Type: Cash Check

For your protection, credit card payments can only be made in person or online at alarms.plano.gov

As a condition of granting this permit, the Applicant acknowledges and agrees that a representative of the City may enter the building to disable an alarm that has been sounding for longer than thirty (30) minutes after the applicant has been notified under the authority of Sec. 11-222 of the Plano Code of Ordinances and agrees to hold harmless the City of Plano, its Agents, Officers, and Employees from any damage caused to property located on the applicant's premises while responding to an alarm for the life of the permit and any subsequent renewals. Additionally, as a condition of granting this permit, Applicant acknowledges and agrees that a representative of the City may enter the property to investigate the possible emergency or criminal offense dispatched under 11-226.

Signature _____ Date _____