



Duncanville False Alarm Reduction Program

**PO Box 207357
Dallas, TX 75320-7357
Telephone: (855) 732-9024
Fax: (877) 302-9820
duncanvilletx@alarm-billing.com**

- New Permit - Commercial \$35
- New Permit - Residential \$35
- Renewal - Commercial \$35
- Renewal - Residential \$35
- Update

Account # _____



INSTRUCTIONS: Print legibly or type. A separate application must be completed for each address to be permitted. Please attach the non-refundable payment (check or money order) and return to the address shown at the top of this form. **You may also update your registration information and submit your payment online at: www.crywolfservices.com/duncanvilletx.**

1 Alarmed Location

Occupant Name or Business Name _____

Address _____ Suite/Apt# _____

City _____ State _____ Zip _____ Phone Number _____ Email Address _____

2 Responsible Party (must be a person)

Name _____ Phn1 _____ H/W/C/O _____

_____ Phn2 _____ H/W/C/O _____

Address _____ Phn3 _____ H/W/C/O _____

_____ Phn4 _____ H/W/C/O _____

City _____ State _____ Zip _____

3 Contact Names

Contact 1 Name _____ Phn1 _____ H/W/C/O _____

_____ Phn2 _____ H/W/C/O _____

Contact 2 Name _____ Phn1 _____ H/W/C/O _____

_____ Phn2 _____ H/W/C/O _____

4 Additional Information

Date Installed/Activated _____ **Check here if you would like correspondence and bills sent via email.**

Special Conditions/ Hazards _____

5 Alarm Companies Not Monitored System Type: Burglary / Robbery / Emergency / Fire / Other

Monitored By

Name _____ Phn1 _____

Address _____ Phn2 _____

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the City Ordinance. I accept responsibility for payment of all fees and fines that may result from the operations of the alarm system servicing the above premises.

Signature (permit holder) _____ **Printed Name** _____ **Date** _____