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				
☐ Burglary ☐ Robbery		Fire	edical/Distress 🔲 O	ther
TYPE OF LOCATION	WHERE	SYSTEM IS U	SED (CHECK ONE ON	LY)
Residential Nonres	idential	Institution-Finar	ncial 🔲 Institution-Oth	er
ALARI	M LOCAT	ION INFORMA	TION	
**For businesses in shopping centers,		t address and suite nui center.	mber, NOT the name of the	shopping
Name of Resident or Business Na	me (D.B.A.)	at Alarm location.		
			1	
Address (Street No., Street Name, S	Suite, Zip Coo	le)	Phone Number	
	PEGIST	RANT NAME		
**Person responsible for responding			alarm site, proper maintenan	ce and
operation of the alarm		leting this application,		
Name	Address		Phone Number	
1.				
2. Driver License Number	State		Date of Birth	
1.	State		Date of Birth	
2.				
SECO	NDARY (CONTACT PER	RSON	
**Another person who is able to r				set the
alarm system 24 hours a day, 7 day		se the reverse of this also be available to r		al names
Name (Last, First, Middle)		Relationship	Phone Number	
1.				
2.				
ALARM COMPANY INFORMATION				
Name				
Name Address				

PERMIT #:	

Alarm Company License #	Alarm Company 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:	

Email, Mail or bring completed application to:

dispatch@castlehills-tx.gov Castle Hills Police Department 209 Lemonwood Castle Hills, TX 78213 (210) 342-2341