



# DeSoto Police Department - Alarm Unit

714 E Belt Line Rd DeSoto, TX 75115

(P) 469-658-3000 (F) 469-658-0708

Email: alarmpermits@desototexas.gov

Permit # \_\_\_\_\_

## Business Registration Form

A non-refundable/non-transferable annual registration fee (\$65.00) must be submitted with each application. Make check or money order payable to: City of Desoto and write "PD Alarm Unit" on the memo line..

**Opt out Option**  I have read and understand that by election to exclude the city from receiving an alarm signal it is my responsibility to ensure that the city does not receive an alarm signal after the election is made. The city shall impose a fee of \$250 for each response to a signal or phone call from the alarm system requested by alarm systems monitor or individual after the election is made. Audible alarm systems are not eligible for opt out.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Business/Financial/School Name**

**Federal Tax ID#**

**Alarm Location:**

**Suite/Apt.#**

**City:**

**State:**

**Zip Code:**

**Phone 1:**

**Phone 2:**

**Responsible Party Billing Name (Last, First):**

**Phone 1:**

**Phone 2:**

**Driver's License/State ID #:**

**State:**

**Date of Birth:**

**Billing Address:**

**Suite/Apt.#:**

**City:**

**State:**

**Zip Code:**

**#1 Contact Name (Last, First):**

**Phone 1:**

**Phone 2:**

**Phone 3:**

**#2 Contact Name (Last, First):**

**Phone 1:**

**Phone 2:**

**Phone 3:**

**Special Conditions/Hazards** (List hazardous conditions/materials, guard dogs, security personnel weapons, directions to alarm site, etc.)

**Alarm Company:**

*Not Monitored*

**Monitored By:**

I have carefully read the completed application and know the same to be true and correct. I hereby agree that if a permit issued or by opting out, I will comply with all the provision of the City of Desoto code of Ordinance "Alarm Systems" and any amendments or changes to same. I understand that I will be responsible for payment of all fees and charges and any civil action which may arise from the operation of this alarm system.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FALSE ALARM PREVENTION CHECKLIST

Complete this form and return it with your completed application and payment.

Y/N

- \_\_\_ 1. I have been made aware of the applicable alarm ordinance and I will comply with its requirements.
- \_\_\_ 2. I understand it is my responsibility to prevent false alarms, and I understand it is critical and my responsibility to assure that all users of the system (such as residents, employees, guests, cleaning people, and repair people ) are trained on the proper use of the system.
- \_\_\_ 3. I have been trained in the proper operation of the system and have been given an operating sheet summarizing the proper use of the system, as well as the security system operating manual.
- \_\_\_ 4. I know how to turn off motion detectors while leaving other sensors on. (Residential Only)
- \_\_\_ 5. I know how to test the system, including the communication link with the monitoring center.
- \_\_\_ 6. I understand that my entry time is \_\_\_\_\_ and my exit time is \_\_\_\_\_.
- \_\_\_ 7. I have the alarm company phone number to request repair service or to ask questions about the alarm system.
- \_\_\_ 8. I know how to cancel an accidental alarm activation and have the system cancellation code or code word.
- \_\_\_ 9. I understand that indoor pets can cause false alarms and I will contact my alarm company to adjust the system if I acquire any additional indoor pets.
- \_\_\_ 10. I understand that the main control panel and transformer are located in \_\_\_\_\_.
- \_\_\_ 11. I have received an alarm sheet, which describes how the alarm company will communicate with me in the event of various alarm signals.
- \_\_\_ 12. I understand the importance of:  
    § keeping my emergency contact information updated and I know how to do this;  
    § immediately advising the alarm company if my phone number changes (including area code changes); and  
    § immediately advising the alarm company of any other changes to my telephone service such as call waiting or a fax line.
- \_\_\_ 13. I will advise the alarm company if I do any remodeling (such as painting, moving walls, doors or windows).
- \_\_\_ 14. I understand that certain building defects (such as loose fitting doors or windows, rodents, inadequate power, and roof leaks) can cause false alarms. I will correct these defects as I become aware of them.
- \_\_\_ 15. The alarm company has given me written false alarm prevention techniques to help me prevent false alarms.

As an alarm user, I certify that my answers to the above questions are correct. I understand that I am responsible for contacting my Alarm Installation or Alarm Monitoring Company to get any information related to any of the above items that I marked as "N" or "No".

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Alarmed Address: \_\_\_\_\_ Date: \_\_\_\_\_