

City of Castle Hills Alarm Registration Form

ALARM LOCATION INFORMATION (For businesses in shopping centers, use the street address, **NOT** the name of the shopping center.)

Name of Resident or Business Name (D.B.A.) at Alarm Location ☐ Residential ☐ Institution-Financial
☐ Nonresidential ☐ Institution-Other

Address (*Street No., Street Name, Suite, Zip Code*)

Phone

REGISTRANT NAME (Person responsible for responding to alarms, providing access to the alarm site, proper maintenance and operation of the alarm system, completing this application, and payment of fees.)

Name (Last, First, Middle Initial)

State and Drivers License # (If none, date of birth)

REGISTRANT ADDRESS – For a residential alarm site provide business address. For a nonresidential/institutional alarm site provide residential address

Address (*Street No., Street Name, Suite, Zip Code*)

Home Phone #

Business Phone #

Cell #

SECONDARY CONTACT PERSON (Another person who is able to respond to alarms, provide access to the alarm site, and reset the alarm system 24 hours a day, 7 days a week. Use the reverse of this form to provide additional names of people who would also be available to respond.)

Name (Last, First, Middle Initial)

Home Phone #

Business Phone #

Cell #

NAME AND ADDRESS OF ALARM COMPANY _____

ALARM COMPANY STATE, LIC. # AND TELEPHONE # _____

MAILING ADDRESS OF REGISTRANT (Complete this section **ONLY** if the mailing address is different than the Alarm Location)

Last Name

First Name

Middle Initial

Street # Street Name

City

State

Zip Code

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.***

DATE: _____ **SIGNATURE OF REGISTRANT:** _____

Mail or bring completed application to:

City of Castle Hills
209 Lemonwood
Castle Hills, TX 78213
(210) 342-2341