

**ALARM PERMIT APPLICATION
INFORMATION & INSTRUCTION SHEET:**



Purpose of Alarm permit: to meet the requirements of the City of Temple false alarm ordinance.

Alarm Permits Fees: First initial permit is free of charge. Permits are renewable every two years for a fee of \$15

False Alarms: Residence- 4-5 false alarm \$25, 6-7 false alarm \$35 & 8 or more false alarm \$50 in a 12 month rolling period. Commercial 4-5 false alarm \$50, 6-7 false alarm, \$75 & 8 or more false alarm \$100.00 in a 12 month rolling period.. Failure to pay the assessed fee for the excess false alarm violation(s) within the allotted time frame shall result in the revocation of the alarm permit.

Violations/Penalty: A person commits a violation of the City of Temple ordinance when operating or causes an alarm system to be operated within the City of Temple without a valid alarm permit. Any person(s) who violates a provision of this ordinance is guilty of a separate offense for each day during which the violation is committed. Each offense is a **Class C Misdemeanor** which is punishable by a fine of not more than \$200 for each conviction.

WHEN FILLING OUT THE PERMIT APPLICATION:

- **Resident or business name:** Name of individual or business occupying location
- **Alarmed location:** Home or business address where the alarm system is located
- **Phone numbers of alarmed location:** Phone numbers to the premises where the alarm system is located
- **Billing address:** All correspondence will be mailed to the billing address
- **Attention:** The responsible party for the receiving of any or all of the correspondence/invoices sent by the FARP Administrator
- **Homeowner/business owners name:** The individual(s) who own the home or the business
- **Address:** Address of the owners if different from alarm location address
- **Phone numbers:** Any numbers that help assist us in contacting the responsible parties (home, cell, work)
- **Co-Resident/ Business manager name:** Name of other responsible adult living in household or name of manager if business
- **Contacts:** This is in the event that the residence or business has been left unsecured, burglarized or any other reason an officer sees fit to have a contact/representative come out to assist. It is suggested that these persons have access to the location and are familiar with the alarm system in the event that the system is malfunctioning it can be turned off. Contacts **MUST** be able to respond within 30 minutes at the request of an officer. Contacts are not allowed to be residence of the location.
- **Monitoring Company :** Is the company (contracted or not) that notifies the police of any signal that may come from your alarm system. Please provide the complete address, phone number and the companies state of Texas business license number
- **Alarm Company:** Is the company which you purchased the alarm system from. Please provide the complete address, phone number and the companies state of Texas business license number.
- **Type of alarm:** Please indicate whether or not your alarm system will automatically reset itself or has to be manually reset and the type of signals your system will provide to the monitoring company
- **Date of installation:** Date your system was installed.
- **Special comments regarding premises:** List any pets, hazards or special situations regarding premises that is valuable in the safety of the responding officers\
- **Responsible Party:** **Any person(s) who signs the initial permit application is responsible for the prevention of false alarms and to ensure that all users are trained in the use of the alarm system. The responsible party also accepts responsibility for any and all charges and or fees accrued in accordance to the alarm ordinance.**

**If you have any questions or concerns please contact the Alarm Administrator at 254-298-5553
_email:atronecker@templetx.gov Monday-Friday 8am-5pm**

ALARM PERMIT APPLICATION

TPD 542(10-2008)

TEMPLE POLICE DEPT

ALARM ADMINISTRATOR-ALICIA TRONECKER
209 E AVE A TEMPLE, TX 76501
PHONE: 254-298-5553 OR FAX: 254-298-5693
atronecker@templetx.gov



<input type="checkbox"/> NEW PERMIT (NO FEE)	<input type="checkbox"/> INFORMATION UPDATE ONLY (NO FEE)	<input type="checkbox"/> RENEWAL (\$15)
<input type="checkbox"/> REINSTATEMENT FEE FOR REVOKED PERMIT (\$15 FEE + UNPAID BALANCES)		

PLEASE CHECK THE BOX THAT APPLIES:

<input type="checkbox"/> RESIDENTIAL ALARM SITE	<input type="checkbox"/> BUSINESS ALARM SITE
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RESIDENT OR BUSINESS NAME: _____

ALARMED LOCATION : _____
STREET CITY STATE ZIP

PHONE NUMBER(S) OF ALARMED LOCATION: _____

(NOTE: ALL CORRESPONDENCE WILL BE MAILED TO THE BILLING ADDRESS)

BILLING ADDRESS: _____
(IF DIFFERENT FROM ABOVE) STREET CITY STATE ZIP

ATTENTION: _____
NAME: POSITION: PHONE:

EMAIL ADDRESS: _____

HOMEOWNER/ BUSINESS OWNERS NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE NUMBER(S): _____
HOME PHONE: WORK PHONE: CELL PHONE:

CO-RESIDENT/ BUSINESS MANAGERS NAME: _____

HOME PHONE: WORK PHONE: CELL PHONE:

CONTINUED ON BACK..... PERMIT MUST BE SIGNED BY PROPERTY OWNER OR MANAGER

PLEASE LIST 1-3 CONTACTS WHO CAN RESPOND WITHIN 30 MINUTES AT THE REQUEST OF AN OFFICER

NAME: HOME PHONE: CELL PHONE: WORK PHONE:

A.

B.

C.

ALARM SYSTEM INFORMATION:

NAME OF MONITORING COMPANY: _____

ADDRESS: _____
STREET/ PO BOX CITY STATE ZIP

NAME OF ALARM COMPANY (IF DIFFERENT FROM ABOVE) _____

ADDRESS: _____
STREET/ PO BOX CITY STATE ZIP

PLEASE CHECK ALL THAT APPLIES:

- BURGLARY HOLDUP/ ROBBERY PANIC/ DURESS
- AUTOMATICALLY RESETS? MANUALLY RESETS?
- SILENT AUDIBLE BOTH

DATE OF INSTALLATION: _____ DATE OF LAST ALARM INSPECTION: _____

SPECIAL COMMENTS REGARDING PREMISES: (PETS, HAZARDS, ETC.....) _____

ALL ALARM LOCATIONS MUST POSSESS A VALID PERMIT WITH THE CITY OF TEMPLE POLICE DEPT. IT IS THE ALARM OWNERS RESPONSIBILITY TO PREVENT FALSE ALARMS AND TO ENSURE THAT ALL USERS ARE TRAINED IN THE USE OF THE ALARM SYSTEM. ADDITIONALLY IT IS THE RESPONSIBLE PARTIES DUTY TO NOTIFY THE ALARM ADMINISTRATOR OF ANY CHANGES TO THE ALARM PERMIT PERMITS RENEW EVERY 2 YEARS.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO ACCEPT COMPLETE RESPONSIBILITY FOR ANY AND ALL CHARGES AND OR FEES ACCRUED BY MY ALARM SYSTEM IN ACCORDANCE WITH THE CITY OF TEMPLE ALARM ORDINANCE NO. 2001-2765 CHAPTER 28.

PRINTED NAME: SIGNATURE: OWNER/ MANAGER DATE:

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If you have any questions about this permit please visit the City of Temple's web **website at www.templetx.gov** the Alarm Administrators office at 254-298-5553 Monday-Friday, 8am-5pm

Appendix A

INSTALLER FALSE ALARM PREVENTION PROGRAM CHECKLIST

Yes	No	(check one)
_____	_____	1. If a duress feature was installed, I thoroughly explained it and I did not use + keypad coding.
_____	_____	2. I confirmed that the control panel has been programmed so that:
_____	_____	a. it will not transmit more than ___ alarm signals from the same zone until manually restored at the premises. (Recommended no more than two)
_____	_____	b. it will delay at least fifteen seconds before initiating dialing on intrusion alarm signals.
_____	_____	c. it has adequate delay time on entry/exit doors (delay of 45 seconds or more is recommended)
_____	_____	d. a cancel code can be entered by the customer to cancel accidental alarms.
_____	_____	3. I verified that police and fire panic buttons cause a siren or speaker to sound and that medical panic buttons cause an audible signal.
_____	_____	4. I verified that the keypad(s) emit sufficient sound to inform occupants when an entry/exit door sensor has been triggered.
_____	_____	5. I installed and tested standby/backup power.
_____	_____	6. I reviewed the "Customer False Alarm Prevention Checklist" with the customer.
_____	_____	7. I determined whether the customer had special telephone features, such as call waiting, and took appropriate steps to allow proper control panel dialing and monitoring center verification.
_____	_____	8. I made sure the control panel was properly grounded.
_____	_____	9. I made sure that all door and window contacts were properly selected, installed and tested. I considered loose fitting doors and windows, whether wide gap contacts were needed, and steel doors and windows. I followed the manufacture's installation instructions.
_____	_____	10. I made sure all glass breakage sensors were properly selected, installed and tested. I gave consideration to pets, on site noises and the general environment I followed the manufacturer's installation instructions.
_____	_____	11. All motion type detectors were properly selected, properly installed and tested. I gave consideration to pets, sunlight other heat sources, and harsh environments. I followed the manufacturer's installation instructions.

Please explain if you answered "No" to any of the above items:

Alarm Company _____ // _____ // _____
Company Tx Lic # Tech's name

Installation _____ // _____ // _____ Date of Activation: _____ // _____ // _____

See reverse side for Appendix B. Both Appendixes MUST be completed and returned with the permit.

Appendix B

CUSTOMER FALSE ALARM PREVENTION PROGRAM CHECKLIST

Yes	No	(Check One)
_____	_____	1. I have been trained in the proper operation of the system.
_____	_____	2. I have been given a summary operating sheet.
_____	_____	3. I have been given the security system operation manual.
_____	_____	4. I know how to cancel accidental alarm activations.
_____	_____	5. I have the cancellation code.
_____	_____	6. I know how to turn off motion detectors while leaving other sensors on.
_____	_____	7. I know how to test the system including the communication link with the monitoring center.
_____	_____	8. I understand the length of the delay time on designated entry/exit doors and I believe this will provide sufficient time to get in and out of the premise. My entry time is _____ My exit time is _____.
_____	_____	9. I have the alarm company phone number to request repair service or to ask questions about the alarm system.
_____	_____	10. I have been offered the option of a training/no dispatch period.
_____	_____	11. 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.
_____	_____	12. I know where the main control panel and transformer are located.
_____	_____	13. I have received an alarm sheet which describes how the alarm company will communicate with me in the event of various alarm signals.
_____	_____	14. I understand the importance of keeping my emergency contact information updated and I know how to do this.
_____	_____	15. I understand the importance of immediately advising the alarm company if my phone number changes including area code changes.
_____	_____	16. I understand the importance of any other changes to my telephone service such as call waiting or a fax line.
_____	_____	17. I have been made aware of the alarm ordinance, if any, that governs the operation of system and I will comply with applicable requirements. (permits, fees, ect.)
_____	_____	18. I will advise the alarm company if I do any remodeling (such as extensive painting, moving walls, doors or windows).
_____	_____	19. 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.
_____	_____	20. The alarm company has given me written false alarm prevention techniques to help me prevent false alarms.

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 used of the system.

Please explain if you answered "No" to any of the above items: (please print clearly)

Alarm subscriber signature: _____ Signature Date: _____//_____//_____