

**BUILDING INSPECTIONS & PERMITS DEPARTMENT**

114 S CENTRAL ST| FERRIS TEXAS

972-544-2110

permits@ferristexas.gov

ALARM SYSTEM REGISTRATION FORM**Permit #**☐ Residential ☐ Commercial ☐ Commercial with panic alarm ☐ Financial Industry**1** Alarm User name:

Business/Financial/School Name:

Federal Tax ID#

Alarm Location

Suite/Apt.#

City

State

Zip code

Phone 1

Phone 2

2 Responsible Party Billing Name

Phone 1

Phone 2

Billing Address

Suite/Apt.#

City

State

Zip code

Driver's License/State ID#

State

Date of Birth

Billing Email

☐ Yes ☐ No (Email all invoices/letters)**3**

#1 Contact Name (Last,First)

Phone 1

Phone 2

Phone 3

#2 Contact Name (Last,First)

Phone 1

Phone 2

Phone 3

4 Special Conditions/Hazards (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)**5** Alarm Company ☐ Not Monitored

Contact Name (Last, First)

Phone 1

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 is issued, I will comply with all the provisions of the City of Ferris code of Ordinance Chapter 96 "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.
- ___ 16. Do you have a panic alarm button? If yes, a fee of \$200 annually will be applied to commercials.
- ___ 17. If the permit holder has two false alarm notifications within a 12-month period, a service fee of \$50.00 will be assessed for each subsequent false alarm notification within the same 12-month period.

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: _____