Duncanville
City of Champions

**Duncanville False Alarm Reduction Program**
**PO Box 207357**
**Dallas, TX 75320-7357**
**Telephone: (855) 732-9024**
**Fax: (877) 302-9820**
**duncanvilletx@alarm-billing.com**

- ☐ Commercial- reg & renewal $100
- ☐ Residential- reg & renewal $35
- ☐ Financial Institutions- reg & renewal $200
- ☐ Senior 65+ reg & renewal- $25 (ID required)
- ☐ Update

**Account #**

INSTRUCTIONS: Print legibly or type. A separate application must be completed for each address to be permitted. Please attach the non-refundable payment (check or money order) and return to the address shown at the top of this form. **You may also update your registration information and submit your payment online at: www.crywolfservices.com/duncanvilletx.**

## 1 Alarmed Location

Occupant Name or Business Name

Address Suite/Apt#

City State Zip Phone Number Email Address

## 2 Responsible Party (must be a person)

Name Phn1 H/W/C/O

Address Phn2 H/W/C/O

Phn3 H/W/C/O

City State Zip Phn4 H/W/C/O

## 3 Contact Names

Contact 1 Name Phn1 H/W/C/O

Phn2 H/W/C/O

Contact 2 Name Phn1 H/W/C/O

Phn2 H/W/C/O

## 4 Additional Information

Date Installed/Activated _____

☐ **Check here if you would like correspondence and bills sent via email.**

Special Conditions/ Hazards _____

## 5 Alarm Companies ☐ Not Monitored

System Type: Burglary / Robbery / Emergency / Fire / Other

**Monitored By**

Name Phn1

Address Phn2

I have read the completed application and know the same is true and correct and herby agree that if a permit is issued, I will comply with all provisions of the City Ordinance. I accept responsibility for payment of all fees and fines that may result from the operations of the alarm system servicing the above premises.

**Signature (permit holder)**_____ **Printed Name**_____ **Date** _____