



Registration Form



INSTRUCTIONS: Print legibly or type. Complete all application items. Complete a separate application for each address to be permitted. Attach payment and return to the address shown at the bottom of this form

1 Alarmed Location

Occupant Name or Business Name _____

Address _____ Suite/Apt# _____

City _____ State _____ Zip _____

2 Mailing Information

Name _____ Phn1 _____

Address _____ Phn2 _____

City _____ State _____ Zip _____ Email _____ Phn3 _____

3 Contact Names

Contact 1 _____ Phn1 _____

Name _____ Phn2 _____

Contact 2 _____ Phn1 _____

_____ Phn2 _____

4 Additional Information

Date Installed/Activated _____ Automatic Reset

Audible

Special Conditions/ Hazards _____

5 Alarm Companies

Monitored By _____ Phn1 _____

I understand that, in accordance with City Code, applicant is financially responsible for all charges and penalties specific in this section.

Signature _____ Date _____

NOTE: If information provided in application changes, you must notify the Security Alarm Enforcement Section within ten (10) working days. Attach your check, made payable to the City of Hurst and mail or deliver to:

PO Box 207226
Dallas, TX 75320-7226
855-664-4526