

**CITY OF FARMERS BRANCH, TX**  
**C/O ATB Services**  
FALSE ALARM REDUCTION PROGRAM  
P.O. Box 26364  
Colorado Springs, CO 80936  
1-877-356-7119



**ALARM REGISTRATION FORM**

**RESIDENTIAL**  
Home Phone: \_\_\_\_\_  
\_\_\_\_\_  
Name of responsible party(Please print)  
\_\_\_\_\_  
Alarm Location  
\_\_\_\_\_  
City, State and Zip Code  
\_\_\_\_\_  
Billing Address (if different)  
\_\_\_\_\_  
City, State and Zip Code  
\_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**BUSINESS**      **NORMAL BUSINESS HOURS** \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
\_\_\_\_\_  
Business Name(Please print)  
\_\_\_\_\_  
Name of responsible party(Please print)  
\_\_\_\_\_  
Alarm Location  
\_\_\_\_\_  
City, State and Zip Code  
\_\_\_\_\_  
Billing Address (if different)  
\_\_\_\_\_  
City, State and Zip Code  
\_\_\_\_\_  
Email Address: \_\_\_\_\_

**CONTACT PERSON(S)**

**( Must have access to premises and alarm within 30 minutes of call)**

Name: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile/Work Number: \_\_\_\_\_  
(please circle one)  
Name: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile/Work Number: \_\_\_\_\_  
(please circle one)

**ALARM INSTALLATION DETAILS**

Alarm Installation Company : \_\_\_\_\_  
Monitoring Company:(if different) \_\_\_\_\_

I have carefully read the completed application and acknowledge it to be true and correct. I hereby agree that if a permit is issued, I will comply with all provisions of the City of Farmers Branch alarm ordinance and state laws. It is the alarm owner's responsibility to prevent false alarms and to ensure that all users of the system are trained in the use of the alarm system. Additionally, it is the alarm owner's responsibility to notify the alarm company of any changes to this information.

Signature: (Owner) \_\_\_\_\_

Date: \_\_\_\_\_

In accordance with City Council Ordinance No. 2519, if you have an alarm system in the City of Farmers Branch, it must be registered with the city. Registration is \$30.00 annually. The law allows each alarm holder to have five (5) false alarms within the preceding twelve (12) month period without charge. The sixth (6th), and any alarms thereafter within the same twelve (12) month period, will be assessed a service fee of \$50.00 per occurrence. Failure to pay a False Alarm Service Fee within thirty (30) days will result in suspension of the alarm permit. Operation of a suspended alarm system will result in a Citation being issued to the permit holder each time an alarm is received while that alarm permit is suspended.

**All information must be completed on this form**

**Make Checks Payable To: City Of Farmers Branch**  
Annual Registration Fee: \$30.00  
**Return this form and registration fee to:**  
City of Farmers Branch, TX  
C/O ATB Services  
P.O. Box 26364  
Colorado Springs, CO 80936

For Customer Service Call: 1-877-356-7119  
[www.atbservices.com/farmersbranch](http://www.atbservices.com/farmersbranch)

**For Office Use Only**  
Permit Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_