



Fort Worth False Alarm Reduction Program
 PO Box 208767
 Dallas, TX 75320-8767
 Telephone: (833) 281-8742
 Fax: (877) 302-9820
 Email: fortworthtx@alarm-billing.com

- Residential \$50.00 New Permit/Renewal
 Commercial \$100.00 Update



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/fortworthtx

1 Alarm Location					Account # _____
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 _____
City _____				Phn3 _____	H/W/C/O _____
State _____				Phn4 _____	H/W/C/O _____
Zip _____					

3 Contact Names					
Contact 1					
Name/Address _____				Phn1 _____	H/W/C/O _____
				Phn2 _____	H/W/C/O _____
Contact 2					
Name/Address _____				Phn1 _____	H/W/C/O _____
				Phn2 _____	H/W/C/O _____

4 Special Conditions/ Hazards					

5 Alarm Companies					
Monitored By					
Name _____				State License # _____	Phn1 _____
Address _____				Phn2 _____	

I have read the completed application and know the same is true and correct and hereby 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 _____

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