



Alarm Permit Application

CITY OF DALWORTHINGTON GARDENS

2600 Roosevelt
TEL. 817-274-7368 FAX 817-265-4401
www.cityofdwwg.net

Name: _____ Mailing Address: _____

Phone # _____ E-mail: _____

Address of Alarm: _____

Name of Business (if applicable): _____

Owner of Building: _____

Type of Alarm (check and complete as appropriate):

Residential Commercial

Description of Alarm:

Intrusion Door/Window Sensors
 Motion Detectors Panic Alarm
 Hold Up Alarm Hostage Code
 Fire Alarm Other _____

Mode of Alarm:

Audible Silent Audio Monitored Other

Name of Alarm Company: _____

Phone # _____

Emergency Representative: _____ Phone# _____

Approved by _____

Title _____

Date _____