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Alarm Registration

Date _____

Name _____ Address _____

Contact Numbers _____ (Home) _____ (Work) _____ (Cell)

Email _____

Emergency Contact Name _____ Number _____

Will someone have keys to this location? _____ Yes _____ No

If "Yes" Who? _____ Contact Number _____

Alarm & Monitoring Company

Alarm Company Name _____ Telephone _____

Monitoring Company _____ Telephone _____

Physical Address of Alarm System _____

Alarm Site Directions _____

Type of Alarm _____ Motion _____ Sound _____ Breakage

Is Alarm Audible? _____ Yes _____ No Do lights come on? _____ Yes _____ No

IF EVIDENCE OF DAMAGE OR FORCED ENTRY IS EVIDENT, THE POLICE DEPARTMENT WILL INSPECT THE LOCATION ONCE HOME OWNER OR EMERGENCY CONTACT PERSON ARRIVES. IF THE LOCATION APPEARS TO BE SECURE THEY WILL NOTIFY YOU OR THE ALARM COMPANY AND RETURN TO NORMAL DUTIES. IF YOU ARRIVE AT A LATER TIME YOU MAY CONTACT THE POLICE DEPARTMENT AND WE WILL BE GLAD TO RETURN AND CHECK THE LOCATION.

PLEASE BE AWARE THAT FALSE ALARMS CAUSE UNECESSARY CONCERN AND DIVERT OFFICERS FROM OTHER DUTIES. IF A MALFUNCTION IS REPORTED TO YOU PLEASE NOTIFY YOUR ALARM COMPANY IMMEDIATLEY AND HAVE IT REPAIRED IN A TIMELY MANNER.

Expires- ____/____/____

Payment Received On- ____/____/____ Residential (\$50) or Business (\$100)? Cash or Check (#____)?