## CITY OF IRVING

FALSE ALARM REDUCTION PROGRAM P.O. BOX 840534 DALLAS, TX 75284-0534 1-800-861-5944



ALARM REGISTRATION FORM	
Type of Alarm : (Please check one) Burglary Oth	er(please specify)
RESIDENTIAL Senior Yr of Birth (65 or older) (Seniors only)	BUSINESS NORMAL BUSINESS HOURS
Name of responsible party(Please print)	Business Name(Please print)
Alarm Location	Name of responsible party(Please print)
City, State and Zip Code	Alarm Location
Billing Address (if different)	City, State and Zip Code
City, State and Zip Code	Billing Address (if different)
	City, State and Zip Code
Home Phone:	Type of business conducted:
Cell Phone:	Office Phone:
Alternate Contact Name:	Alternate Contact Name:
Alternate Contact Phone:	Alternate Contact Phone:
CONTACT INFORMATION ( At	least 1 contact must be provided)
Name:	Primary Number:
Address:	Secondary Number:
Name:	Primary Number:
Address:	Secondary Number:
ALARM INSTA	ALLATION DETAILS
Alarm Installation Company :	
Monitoring Company:(if different)	
All alarm locations must possess a valid permit for the police depar to prevent false alarms and to ensure that all users of the system a alarm owner's responsibility to notify the alarm company of any cha	re trained in the use of the alarm system. Additionally, it is the
Signature: (Owner)	Date:
is \$50.00 annually. Registration is \$10.00 for seniors age 65 or older. Each fa	an alarm system in the City of Irving, it must be registered with the city. Registration alse alarm in excess of three (3) but fewer than $six(6)$ is \$50.00; \$75.00 for more s during any twelve month period. The City of Irving may revoke a permit afte

## All information must be completed on this form

Make Checks Payable To: City Of Irving Annual Registration Fee: \$50.00 Seniors (65 or older) Fee: \$10.00 Return this form and registration fee to: City Of Irving P.O. Box 840534 Dallas, TX 75284-0534

## For Customer Service Call: 1-800-861-5944 For Office Use Only

Registration Nurr	nber:
Date Received: _	
Expiration Date:	