



CITY OF IRVING
 FALSE ALARM REDUCTION PROGRAM
 P.O. BOX 840534
 DALLAS, TX 75284-0534
 1-866-950-9909

ALARM REGISTRATION FORM

RESIDENTIAL Senior Yr of Birth _____
(65 or older)(Residential Only)
 PERMANENT DISABILITYProof Required**
 Contact 1-866-950-9909 for requirements

BUSINESS **NORMAL BUSINESS HOURS** _____

Type of business conducted: _____

 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)

 Home Phone:

 City, State and Zip Code

 Cell Phone:

 Office Phone:

 Alternate Billing Contact Name:

 Alternate Billing Contact Name:

 Alternate Billing Contact Phone:

 Alternate Billing Contact Phone:

CONTACT INFORMATION (At least 1 contact must be provided)

Name: _____
 Address: _____

Home Number: _____
 Mobile/Work Number: _____
 (please circle one)

Name: _____
 Address: _____

Home Number: _____
 Mobile/Work Number: _____
 (please circle one)

ALARM INSTALLATION DETAILS

Alarm Installation Company : _____

Monitoring Company:(if different) _____

All alarm locations must possess a valid permit for the police department to respond to an alarm. 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. 8726, Chapter 9, if you have an alarm system in the City of Irving, it must be registered with the city. Registration is \$50 annually. Registration is \$10 for seniors age 65 or older and for permit holders receiving social security disability income as a result of their own disability. Each false alarm in excess of three (3) but fewer than six(6) is \$50; \$75 for more than five (5) but less than eight (8); \$100 for eight (8) or more false alarms during any twelve month period. The City of Irving may revoke a permit after 12 false alarms within a one year period.

All information must be completed on this form

Make Checks Payable To: City Of Irving

Annual Registration Fee: \$50
 Seniors (65 or older) Fee: \$10
 Permanent Disabled Fee: \$10

Return this form and registration fee to:

City Of Irving
 P.O. Box 840534
 Dallas, TX 75284-0534

For Customer Service Call: 1-866-950-9909
www.atbservices.com/irving

For Office Use Only
 Registration Number: _____
 Date Received: _____
 Expiration Date: _____