



CITY OF HEMET
ALARM PROGRAM
P.O. Box 142917, Irving, TX 75014

1-877-624-4993

ALARM REGISTRATION FORM

(Please print)

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.

Location Type: BUSINESS RESIDENTIAL

Type of Alarm: Burglary Panic Date of Birth: / /

(Please check one)

Other Please Specify:

Name of responsible party:

Business Name:

Alarm Site Address:

City: State: Zip:

Billing Address: (if different)

City: State: Zip:

Email Address:

Home Phone: Cell Phone:

Office Phone:

Type of business conducted:

1. Alternate Contact Name:

Alternate Contact Phone:

2. Alternate Contact Name:

Alternate Contact Phone:

SPECIAL CONDITIONS

In order to ensure the safety of our police officers and the public and to enable the police department to better protect your property. Please provide information regarding potentially hazardous circumstances (i.e. guard animals, weapons, hazardous substances, etc.)

Comment:

ALARM INSTALLATION DETAILS

Alarm Installation Company:

Monitoring Company: (if different)

Alarm Company Phone:

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 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 the City of Hemet's Alarm Ordinance 1814 and City Council Resolution 4311, if you have an intrusion alarm system in the City of Hemet, it must be registered annually with the city. Registration is \$31 for residential and commercial sites.

Make Checks Payable To: City of Hemet
Return this form and registration fee to:
City of Hemet
Alarm Program, PO Box 142917, Irving, TX 75014