REDMOND POLICE DEPARTMENT

<u>2010</u> Security Alarm Registration/Renewal

Redmond Municipal Code, Section 9.20.040 requires all <u>monitored</u> burglar alarms to have a current registration on file with the Police Department and furnish three emergency contacts.

✓ **Annual Fee: $10.00** (January to December) Checks payable to "City of Redmond"
✓ **Mail to:** City of Redmond / Cashier 3NFN / PO Box 97010 / Redmond, WA 98073-9710
✓ Zip codes <u>98074</u>, <u>most of 98053,</u> and some of <u>98052</u> are outside Redmond city limits and <u>DO NOT</u> apply to this Ordinance. Please determine if you are living within the city limits before submitting this form.
✓ List the business name/resident name & address <u>exactly</u> as your alarm company has on file, otherwise Police response may be <u>denied</u> or <u>delayed</u>
✓ If your alarm is <u>not</u> monitored by an outside company, this ordinance does <u>not</u> apply to you
✓ Emergency Contacts: List three individuals to contact in the event of an alarm/emergency if you are not available. They should know when you are away and may have access to the residence/ business
✓ **Questions?** (425) 556-2694 or sfitzpatrick@redmond.gov or www.redmond.gov (Police/Alarm Registration)

COMMERCIAL				
Business name		Business Main phone #	
Street address & **ZIP**		Business back-line phone #	
Property Manager / Owner's name		Home Cell or Pager	
Billing address (If different than above)		Phone	
City of Redmond Business License Number: *Questions? Call City's Finance Office 556-2193*				

RESIDENTIAL				
Name(s) (Last, First)	**Date of birth*:** / /19___	Work Phone Cell	
(Last, First)	/ / 19___	Work Phone Cell	
Street address & **ZIP**		Home phone	
Owner's name (If different than above)		Phone	

* ***If age 62 or older,*** *the Ordinance exempts owner from false alarm fines. Please include your date of birth if you wish to claim this exemption*

ALARM INFO.				
Monitoring company		Phone	
Mailing address		Alternate phone	
Alarm type	Check all that apply: ☐ Burglary ☐ Fire ☐ Panic ☐ Medical ☐ Robbery			

EMERGENCY CONTACTS			
Name		Relationship	Phone: Day / Evening / Cell
Name		Relationship	Phone: Day / Evening / Cell
Name		Relationship	Phone: Day / Evening / Cell

_____   _____   _____
Applicant – Signature   Applicant - Print name   Date