

City of Reno Alarm Program

P.O. Box 142857, Irving, TX 75014, Phone No. (866) 950-9905

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

(Please print)

RENU						A	LA	RM	PER	RMIT	T AP	PLI	CA	TION	1							`		•	-,		
Type of Alarm:	Residential Business Senior Citizen Birth Year Burglary Robbery/F														ry/P	anic											
Name of Registration Holder/ Business Name:																											
Name of responsible party:																											
Alarm Location: (Include Building/Apt #) (Include Suite or Unit #)																											
City:																	St	ate:			;	Zip:					
Billing Address: (if different)																											
City:																	St	ate:			Z	Zip:					
Enroll to Go Paperless:	(If enrolled, you opt for email notifications and you will no longer receive notifications by USPS. If not enrolled, you agree to receive notifications by USPS.)																										
Email Address: (If enrolled to Go Paperless, valid email address is mandatory.)																											
Phone:		Cell Phone:																									
EMERGENCY CONTACTS Names of telephone numbers of at least two individuals who are able and have agreed to: a) Receive notification of an alarm system activation at any time; b) Respond to the alarm site at any time; and c) Provide access to the alarm site and deactivate the alarm system, if necessary.																											
Name:																											
Phone #1:														Pho	ne #	2:											
Name:																											
Phone #1:				lΓ										Pho	ne #	2:							\prod				
SPECIAL CONDITIONS In order to ensure the safety of our officers, the public and to enable the Reno Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, hazardous substances, etc.)															dous												
Comment:																									L		Ш
ALARM INSTALLATION DET	AILS	S		_	_				_	_											_						
Alarm Installation Date:	m Installation Date:									/ / /										L	L	L	\perp				Щ
Alarm Installation Company:																											
Address:																											
Monitoring Company: (if different)																											
Address:																											
Phone #:					T	T																					
PLEASE READ THE FOLLOWING AN This is to certify that as the applying procedures and practices to follow in t alarm system, including written guideli calls, traffic conditions, emergency cor	prin he ev nes o	cipal, ent th on hov	at the	aları void f	m sys	tem i	s acci	denta	lly act	tivate	d, I al	so ac	knowl	edge	that t	he ins	tallati	on co	mpan	y left	me a	set o	of writ	ten in	struct	ions f	or the
Signature: (Owner)												_		Date	e:		/]/							
_ Annual Registration/Renewal	fee:	\$29.	00 fc	r Re	side	ntial	Com	mer	cial																		

Annual Registration/Renewal fee: \$10.00 for Senior Citizens (60 or older for residential only).

 $\textbf{Burglar False Alarm: $93.00 each} \ , \ \textbf{Robbery/Panic False Alarm: $251.00 each}$

Police response may be suspended after 3 false burglary alarms within a one year permit period.

of

For Customer Service Call: 1-866-950-9905

Mail this form and payment to:

City of Reno Alarm Program

P.O. Box 142857, Irving, TX 75014

An acknowledgement that the police response may be influenced by factors including, but not limited to, the availability of officers, priority of calls, traffic conditions, emergency conditions and staffing levels.