



CITY OF RICHLAND HILLS ALARM PROGRAM

P.O. Box 142528, Irving, TX 75014, Phone: (888)-563-0379

Alarm Registration/Permit Application

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

(Please print)

RESIDENTIAL BUSINESS GOVT. ENTITY

Name of Registration Holder: [Grid]

Business Name: [Grid]

Name of responsible party: [Grid]

Alarm Location: (Include Building/Apt #) (Include Suite or Unit #) [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Billing Address: (if different) [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

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.) [Grid]

Home Phone: [Grid] Cell Phone: [Grid]

Office Phone: [Grid]

EMERGENCY CONTACTS

Name: [Grid]

Phone #1: [Grid] Phone #2: [Grid]

Name: [Grid]

Phone #1: [Grid] Phone #2: [Grid]

SPECIAL CONDITIONS (Optional)
In order to ensure the safety of our officers, the public and to enable the City of Richland Hills Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, weapons, hazardous substances, etc.)

Comment: [Grid]

ALARM INSTALLATION DETAILS

Alarm Installation Date: [Grid] / [Grid] / [Grid]

Alarm Installation Company: [Grid]

Monitoring Company: (if different) [Grid]

PLEASE READ THE FOLLOWING AND SIGN:
I hereby agree to comply with the provisions set forth in Richland Hills, TX Ordinance # 1278-14 Chapter 30, which requires all alarm users in Richland Hills, TX to be registered with Richland Hills Alarm Program.

Signature: (Owner) _____

Date: [Grid] / [Grid] / [Grid]

In accordance with the **Chapter 30 "Emergency Services" of the City of Richland Hills Ordinance No. 1278-14**, if you have an active alarm system in the City of Richland Hills, Texas, it must be registered with the City for an annual fee listed below:

- Annual Registration Fee::**
- a) Residential : \$25**
- b) Commercial : \$100**

For Customer Service Call: 1-888-563-0379
Mail this form and payment to:
City of Richland Hills Alarm Program
P.O. Box 142528, Irving, TX 75014