CITY OF ROSEVILLE POLICE DEPARTMEN False Alarm Reduction Progra															Please type or print in BLOCK CAPITAL LETTERS clearly inside the box. (Please print)													
Type of Alarm:		Res	iden	tial		Busi	ness		Go	ovt E	ntity										Βι	urgla	ry		-		-	anic
Name of Registration Holder:																												
Business Name:																												$\Box$
Name of responsible party:																								Ι				
Alarm Location: (Include Building/Apt #) (Include Suite or Unit #)																							F	Ţ	$\downarrow$			
City:																	State:					Zip:	Ļ	⊥	┛			Ц
Billing Address: (if different)																					Ļ		Ļ	⊥	╡			Ц
City:																	State:					Zip:	L					
Enroll to Go Paperless:	SS: (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.)															PS.)												
Email Address: (If enrolled to Go Paperless, valid email address is mandatory.) Home Phone:																												
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Office Phone:				ÌΓ	Τ											-	-										_	
Name:																												
Phone #1:													Phone #2:									Ī			Ī			
Name:																								Ι	$\Box$			
Phone #1:													Phone #2:												Τ			
SPECIAL CONDITIONS In order to ensure the safety of our officers, the public and to enable the Roseville Police Department to better protect your property, please provide information regarding potentially hazardou circumstances (i.e. guard animals, hazardous substances, etc.)															ardous													
Comment:	Γ		Γ	Γ				Γ		Γ	Γ										Γ	Т	Т		Τ			$\square$
ALARM INSTALLATION DET		3			<u> </u>	·				_													_	_	_			
Alarm Installation Date:			/			/						Phone #												Ţ				
Alarm Installation Company:																												
Address:																												
Monitoring Company: (if different)																								$\Box$	$\Box$			
Address:																												
Phone #:																												
PLEASE READ THE FOLLOWING AN This is to certify that as the applying pri procedures and practices to follow in th alarm system, including written guideling	incipa ne eve	il, my ent tha	at the	alarm	ı syst	em is	accid	entall	y acti	vated	, I also	o ackr	nowled	lge th	at the	e insta	allatio	n con	npany	left r	ne a s	set of	writt	ten i	nstru	iction		
calls, traffic conditions, emergency con	dition	s and	staff	ing lev	vels.				4					- , .			Dat	Г		7	/	T	٦	ر ۲	T			
Signature: (Owner)																	Dal	e.						۲L				

In accordance with the City of Roseville, CA Ordinance No. 5558 Chapter 10.64, if you have an active alarm system in the City of Roseville, California, it must be registered with the City of Roseville separately. The fee for an alarm registration/renewal and false alarms is set forth below and shall be paid by the alarm user.

## Registration Fees:

- a) \$ 35.00 for Residential and Commercial
- **Biennial Renewal Fees:**
- b) \$ 15.00 for Residential and Commercial
- Burglary Fine Schedule
- 1<sup>st</sup> false alarm: \$0.00

  - 2<sup>nd</sup> false alarm: \$60.00

  - 3<sup>rd</sup> false alarm: \$85.00
  - 4<sup>th</sup> false alarm: \$100.00
  - 5<sup>th</sup> false alarm and up: \$150.00 5<sup>th</sup> false alarm: \$200.00
- 1<sup>st</sup> false alarm: \$0.00
   2<sup>nd</sup> false alarm: \$60.00

Robbery/Panic Hold Up - Fine Schedule

- 3<sup>rd</sup> false alarm: \$85.00
- 4<sup>th</sup> false alarm: \$150.00

## For Customer Service Call: 1-877-356-7885 Mail this form and payment to: City of Roseville False Alarm Reduction Program P.O. BOX 143367, IRVING, TX 75014