

Please Print

CITY OF BELLEVUE  
FALSE ALARM REDUCTION PROGRAM

P.O. Box 142465 Irving, TX 75014, Phone 1-866-950-9903  
Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.



☐ BUSINESS ☐ RESIDENTIAL

Name of Responsible Party: [Grid]

Type of Business Conducted: [Grid]

Alarm Location Address: [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: [Grid]  
(If enrolled to Go Paperless, valid email address is mandatory.)

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

Office Phone: [Grid]

CONTACT PERSON(S)

1. Name: [Grid]

Address: [Grid]

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

Alternate Contact Phone: [Grid]

2. Name: [Grid]

Address: [Grid]

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

Alternate Contact Phone: [Grid]

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, hazardous substances, etc.)

Comment: [Grid]

ALARM INSTALLATION DETAILS

Alarm Installation Company: [Grid]

Monitoring Company: (if different) [Grid]

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