THE REPORT OF THE MAN THE REPORT OF THE MAN THE REPORT OF THE MAN THE REPORT OF THE RE	ALARM PROGRAM P.O. Box 142917, Irving, TX 75014															BL( clea	Please type or print in BLOCK CAPITAL LETTERS clearly inside the box. (Please print)										
Location Type:		BUS	SINE	SS		RES	SIDE	NTI/	۹L																		
Type of Alarm: (Please check one)		Bur	glary			Pan	nic							Date of Birth:					/	′		/					
		Oth	er	Ple	Please Specify:																						
Name of responsible party:																											$\Box$
Business Name:		Γ																									$\square$
Alarm Site Address:																											
City:																	St	ate:			]	Zip:					
Billing Address: (if different)																											
City:	L																Sta	ate:				Zip:					
Enroll to Go Paperless:		(If en	rolled,	you o	pt for (	email	notifica	ations	and yo	ou will	no lon	ger reo	ceive	notific	ations	by US	SPS. I	f not e	nrollec	l, you	agree	to rec	eive r	otificat	tions t	by USI	PS.)
Email Address: (If enrolled to Go Paperless, valid email address is mandatory.)																											
Home Phone:														Cell	Pho	ne:											
Office Phone:																-										-	
Type of business conducted:																											
1. Alternate Contact Name:																											
Alternate Contact Phone:																		_			-						
2. Alternate Contact Name:																											
Alternate Contact Phone:				][																							
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.)															/ide												
Comment:																											
ALARM INSTALLATION DET		S	_	_				-	_									_			_						
Alarm Installation Company:																											
Monitoring Company: (if different)																											$\Box$
Alarm Company Phone:				][																							
It is the alarm owner's respons Additionally, it is the alarm own																				in th	e us	e of	the s	syste	m.		
Signature: (Owner)																	Dat	e:		,	/		/				
In accordance with the City of Hemet, it must be registered a																			an in	trusi	ion a	larm	sys	tem i	n the	e Cit	y of

## Make Checks Payable To: City of Hemet

Return this form and registration fee to:

## City of Hemet

Alarm Program, PO Box 142917, Irving, TX 75014