



# Redmond Police Department Alarm Registration Form -2014-

For City use only

Redmond Municipal Code, Section 9.20.040 requires all monitored security alarms to have an annual registration with the Police Department  
**\*\*PLEASE PRINT LEGIBLY WITH BLUE OR BLACK INK ONLY\*\***

- ⇓ **Annual Fee: \$10.00** (January to December) Checks payable to "City of Redmond"
- ⇓ **Mail to:** City of Redmond / Cashier 2SPL / PO Box 97010 / Redmond, WA 98073-9710. **In person:** 2<sup>nd</sup> Floor, City Hall, M-F 8am-5pm
- ⇓ **Zip codes 98074, most of 98053** and some of 98052 are outside Redmond city limits and **DO NOT** apply to this Ordinance. Please call and determine if you are living within the city limits before submitting this form.
- ⇓ List the business name/resident name/address **exactly as your alarm company has on file**, otherwise Police response may be denied or delayed
- ⇓ If your alarm is **not monitored** by an outside company, do not complete this form
- ⇓ **Emergency Contacts:** List three local individuals (other than yourself) to contact in the event of an alarm/emergency if you are not available.
- ⇓ **Questions?** (425) 556-2694 or [PoliceAlarmProgram@Redmond.gov](mailto:PoliceAlarmProgram@Redmond.gov), website: [www.Redmond.gov](http://www.Redmond.gov) (Public Safety).
- ⇓ **\* If age 62 or older, the Ordinance exempts owner from false alarm fines. Include your DOB if you wish to claim this exemption**

<b>COMMERCIAL</b>	Business Name		Main Business Phone #	
	Street Address & <b>ZIP</b>		Business back-line Phone #	
	Property Manager /		Home Cell	
	Billing/Correspondence Address (If different than above)		Phone	
City of Redmond Business License Number:		Questions? Call the City's Finance Office 556-2193		

<b>RESIDENTIAL</b>	<b>Name(s)</b>	<b>Date of birth*:</b>	Work #	
	1. (Last, First)	/ /19__	Cell	
	2. (Last, First)	/ /19__	Work #	
			Cell	
	Street Address/ <b>ZIP</b>		Home #	
Email Address				
Owner's Name (If different than above)		Phone		

<b>ALARM INFO.</b>	Company Name		Phone	
	Mailing Address		Alternate Phone	
	Alarm Type	Check all that apply: <input type="checkbox"/> Burglary <input type="checkbox"/> Fire <input type="checkbox"/> Panic <input type="checkbox"/> Medical <input type="checkbox"/> Robbery		

<b>EMERGENCY CONTACTS</b>	Name	Relationship	Phone: Day Evening/Cell
	Name	Relationship	Phone: Day Evening/Cell
	Name	Relationship	Phone: Day Evening/Cell

Applicant - Print name

Applicant - Signature

Today's Date