



### Irving False Alarm Reduction Program

PO Box 840534 Dallas, Texas 75284

Toll Free: (855) 694-8282

Website: [www.crywolfservices.com/irvingtx](http://www.crywolfservices.com/irvingtx)

Email: [IrvingTX@superion.com](mailto:IrvingTX@superion.com)



To qualify for a discounted registration fee of \$10 for a residential property, please provide documentation of age or disability and check the appropriate box at the bottom of this application.

Account # \_\_\_\_\_

**1 Alarmed Location\***

---

Occupant Name or Business Name \_\_\_\_\_

---

Address \_\_\_\_\_ Suite/Apt# \_\_\_\_\_

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Phn1\* \_\_\_\_\_ Phn2\* \_\_\_\_\_ E-Mail: \_\_\_\_\_

**2 Responsible Party/ Mailing Address (if different)**

Name \_\_\_\_\_ Phn1\* \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt# \_\_\_\_\_ Phn2\* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phn3 \_\_\_\_\_

Phn4 \_\_\_\_\_

**3 Contact Names** List two people to contact in the event of an alarm. (Must be able to respond within 30 minutes.)

**Contact 1** Name \_\_\_\_\_ Phn1 \_\_\_\_\_

**Contact 2** Name \_\_\_\_\_ Phn1 \_\_\_\_\_

**Contact 3** Name \_\_\_\_\_ Phn1 \_\_\_\_\_

**4 Alarm Companies**  Not Monitored

**Monitored By** \_\_\_\_\_ Phn1 \_\_\_\_\_

**Installed By** \_\_\_\_\_ Phn1 \_\_\_\_\_

- This is a residential location and I am 65 years or older.
- This is a residential location and I am permanently disabled.

I have read the completed application and know the above listed information is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_