



# Application

- ☐ Residential ☐ New Permit  
☐ Commercial ☐ Renewal  
☐ Update

New Orleans False Alarm Reduction Program  
PO Box 840101  
Dallas, TX 75284-0101  
Phone: (855) 905-0614  
Email: neworleansla@publicsafetycorp.com

**Account # 151180**



**INSTRUCTIONS:** Print legibly or type. ☐ Please check box if there are NO Changes to any information from previous year OR complete all application items on form. Complete a separate application for each address to be permitted. Please mail completed registration form to the address listed above.

## 1 Alarmed Location

SCHWAEGLER TYLER  
Occupant Name or Business Name  
707 JOSEPH ST  
Address  
NEW ORLEANS LA 70115 (321) 501-1089 schwaeg@gmail.com Suite/Apt#  
City State Zip Phone Number Email Address

## 2 Responsible Party (must be a person)

SCHWAEGLER TYLER  
Name  
707 JOSEPH ST  
Address  
NEW ORLEANS LA 70115  
City State Zip  
Phn1 (321) 501-1089 H/W/C/O  
Phn2 H/W/C/O  
Phn3 H/W/C/O  
Phn4 H/W/C/O

## 3 Contact Names

Contact 1  
Name/Address  
Contact 2  
Name/Address  
Phn1 H/W/C/O  
Phn2 H/W/C/O  
Phn1 H/W/C/O  
Phn2 H/W/C/O

## 4 Additional Information

☐ Automatic Reset  
Date Installed/Activated ☐ Audible  
Special Conditions/ Hazards

## 5 Alarm Companies ☐ Not Monitored System Type: Burglary / Robbery / Emergency / Fire / Other

### Monitored By

COPS MONITORING Phn1 (800) 367-2677

### Sold By

SIMPLISAFE INC Phn1 (888) 957-4675

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the City Ordinance. I accept responsibility for payment of all fees and fines that may result from the operations of the alarm system servicing the above premises.

Signature (permit holder) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

☐ Check here if you would like correspondence and bills sent via email.