



DOUGLAS COUNTY

SHERIFF'S OFFICE

Department 6101
 Denver, Colorado 80263-6101
 DC FARP Only: (866) 562-9413

Account # _____

Records Information Form



INSTRUCTIONS: Print legibly or type. Complete all items. Complete a separate form for EACH address to be permitted.

1 Alarmed Location

Occupant Name or Business Name _____

Address _____ Suite/Apt# _____

City _____ State _____ Zip _____

2 Responsible Party/ Mailing Address (if different)

Name _____ Phn1 _____

_____ Phn2 _____

Address _____ Suite/Apt# _____ Phn3 _____

_____ Phn4 _____

City _____ State _____ Zip _____

3 Contact Names

Contact 1 Phn1 _____

_____ Phn2 _____

Name _____

Contact 2 Phn1 _____

_____ Phn2 _____

Name _____

4 Exemptions

Government: Senior Citizen : All three must apply to be eligible for exemption:

65 years old on January 1 of the year which they qualify

Is the owner of the residence or resides at this location as the principal tenant

Occupies the residence as his or her primary residence

** Proof may be required upon request*

5 Alarm Companies Not Monitored

Monitored By _____ Phn1 _____

Installed By _____ Phn1 _____

I understand that, in accordance with DCSO Ordinance, applicant is accurately and truthfully completing this application and is solely responsible for penalties specific in this section.

Signature _____ Date _____