

**PIERCE COUNTY
 FALSE ALARM REDUCTION PROGRAM
 C/O ATB SERVICES
 P.O. BOX 26364
 COLORADO SPRINGS, CO 80936
 1-800-861-5944**



ALARM REGISTRATION FORM

RESIDENTIAL *Senior -Date of Birth _____

(65 or older) (Seniors only)

PERMANENT DISABILITY **Proof Required

Contact 1-800-861-5944 For requirements

* Senior Rate/Permanent Disability- Residential Only
 Owner/Lessee of Property -Alarm Agreement
 Must Be In Your Name

 Name of responsible party (Please print)

 Alarm Location (Include Building/Apt #)

 City, State and Zip Code

 Billing Address (if different)

 City, State and Zip Code

Home Phone: _____

Cell Phone: _____

BUSINESS

 Type of Business Conducted

 Business Name (Please print)

 Name of responsible party (Please print)

 Alarm Location (Include Suite or Unit #)

 City, State and Zip Code

 Billing Address (if different)

 City, State and Zip Code

Office Phone: _____

Alternate Phone: _____

SPECIAL CONDITIONS

In order to ensure the safety of our deputies, the public and to enable the sherrif's department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, weapons, hazardous substances, etc.)

Comment: _____

ALARM INSTALLATION DETAILS

Alarm Installation Date: _____

Alarm Installation Company : _____

Monitoring Company: (if different) _____

Monitoring Company Address & Phone # : _____

PLEASE READ THE FOLLOWING AND SIGN

This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated. I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The Sheriff response may be influenced by factors including, but not limited to, the availability of deputies, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) _____

Date: _____

In accordance with Pierce County Code Chapter 8.64, if you have an alarm system in unincorporated Pierce County, it must be registered with the County beginning January 01, 2008. Registration is \$24.00 annually. Registration is \$12.00 for seniors age 65 or older and for individuals with a permanent disability. Each false burglar alarm is \$100.00. Each false robbery/panic alarm is \$200.00. Sheriff response may be suspended after 3 false burglar alarms within a one year registration period.

Make Checks Payable To: Pierce County

Annual Registration Fee: \$24.00

Seniors (65 or older) Fee: \$12.00

Permanent Disabled Fee: \$12.00

Return this form and registration fee to:

Pierce County
 C/O ATB Services
 P.O. Box 26364
 Colorado Springs, CO 80936

www.atbservices.com/piercecounty

For Customer Service Call: 1-800-861-5944

For Office Use Only

Registration Number: _____

Date Received: _____

Expiration Date: _____