

CITY OF SPARKS
FALSE ALARM REDUCTION PROGRAM
C/O ATB SERVICES
P.O. BOX 26364
COLORADO SPRINGS, CO 80936
1-800-861-5944



ALARM REGISTRATION FORM

Type of Alarm : (Please check one) Burglary _____ Panic _____ Other(please specify) _____

<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> Senior (60 or older) Yr of Birth _____ (Seniors only)	<input type="checkbox"/> BUSINESS
Name of responsible party(Please print) _____ Alarm Location _____ City, State and Zip Code _____ Billing Address (if different) _____ City, State and Zip Code _____ Home Phone: _____ Cell Phone: _____ Alternate Contact Name: _____ Alternate Contact Phone: _____	Business Name(Please print) _____ Name of responsible party(Please print) _____ Alarm Location _____ City, State and Zip Code _____ Billing Address (if different) _____ City, State and Zip Code _____ Type of business conducted: _____ Office Phone: _____ Alternate Contact Name: _____ Alternate Contact Phone: _____

SPECIAL CONDITIONS

In order to ensure the safety of our police officers and the public and to enable the police 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 Company : _____

Monitoring Company:(if different) _____

It is the alarm owner's responsibility to prevent false alarms and to ensure that all users of the system are trained in the use of the system. Additionally, it is the alarm owner's responsibility to notify the alarm company of any changes to this information.

Signature: (Owner) _____

Date: _____

In accordance with Sparks Municipal Code Chapter 9.06, if you have an alarm system in the City of Sparks, it must be registered with the City beginning March 01, 2007. Registration is \$25.00 annually. Registration is \$10.00 for seniors age 60 or older. Each false burglary alarm is \$75.00. Each false robbery or holdup alarm is \$200.00. Police response may be suspended after 3 false burglar alarms within a one year period.

Make Checks Payable To: City Of Sparks

Annual Registration Fee: \$25.00

Seniors (60 or older) Fee: \$10.00

Return this form and registration fee to:

City Of Sparks
 C/O ATB Services
 P.O. Box 26364

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

For Office Use Only

Registration Number: _____

Date Received: _____

Expiration Date: _____