WASHOE COUNTY
FALSE ALARM REDUCTION PROGRAM
C/O ATB SERVICES
P.O. BOX 26364
COLORADO SPRINGS, CO 80936
1-866-950-9907

ALARM REGISTRATION FORM

☐ **RESIDENTIAL** ☐ *Senior (65 or older) Date of Birth _____ (Seniors only)

* Senior Rate. 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: _____

Alternate Contact Name: _____

Alternate Contact 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 Contact Name: _____

Alternate Contact Phone:_____

SPECIAL CONDITIONS

In order to ensure the safety of our deputies and the public and to enable the Sheriff's office 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) _____

Monitoring Company Address & Phone #_____

PLEASE READ THE FOLLOWING AND SIGN

This is to certify that as the applying principle, 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. 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 Washoe County Code Chapter 54, if you have an alarm system in unincorporated Washoe County, it must be registered with the County beginning October 13, 2009. Registration is $24.00 annually. Registration is $12.00 for seniors age 65 or older. The first through third false burglar alarms are $75.00 each. The fourth false burglar alarm is $100.00. The fifth false burglar alarm is $150.00. The sixth or more false burglar alarms are $200.00 each. Each false robbery or holdup alarm is $200.00 each. Sheriff response may be suspended for failure to pay a permit, permit renewal, false alarm fee or a late fee. You can confirm the legitimacy of this form with your alarm company or the Sheriff's Office at 775-328-3350.

Make Checks Payable To: Washoe County
Annual Registration Fee: $24.00
Seniors (65 or older) Fee: $12.00
Payments may also be made online at www.atbservices.com/washoecounty
Return this form and registration fee to:
Washoe County
C/O ATB Services
P.O. Box 26364
Colorado Springs, CO 80936

For Customer Service Call: 1-866-950-9907

For Office Use Only

Registration Number: _____
Date Received: _____
Expiration Date: _____