

CITY OF ROCKLIN
FALSE ALARM REDUCTION PROGRAM
C/O ATB SERVICES
P.O. BOX 26364
COLORADO SPRINGS, CO 80936
1-877-356-7605



ALARM REGISTRATION FORM

RESIDENTIAL

BUSINESS

Name of responsible party(Please print)

Business Name(Please print)

Alarm Location (Include Building/Apt #)

Name of responsible party(Please print)

City, State and Zip Code

Alarm Location (Include Suite or Unit #)

Billing Address (if different)

City, State and Zip Code

City, State and Zip Code

Billing Address (if different)

Email Address

City, State and Zip Code

Home Phone: _____

Office Phone: _____

Cell Phone: _____

Email Address: _____

Alternate Contact Name: _____

Alternate Contact Name: _____

Alternate Contact Phone: _____

Alternate Contact Phone: _____

SPECIAL CONDITIONS

In order to ensure the safety of our 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) _____

Monitoring Company Address & Phone # _____

PLEASE READ THE FOLLOWING AND SIGN

I hereby confirm that the above information is accurate and truthful and that I am solely responsible for any penalties specified in the Alarm Ordinance. 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. Police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner)

Date:

The alarm permit fees are \$25 for the first two (2) years and \$15 for a two (2) year renewal. All service fees are based on a twelve (12) month rolling period.

False Burglary Alarm Fees:

- ▶ First false alarm – Complimentary
- ▶ Second false alarm - \$50
- ▶ Third and Subsequent false alarm- \$100
- ▶ Cancellation of a burglar alarm response prior to an officer arriving at the alarm site will not count as a false alarm.

False Hold Up, Panic and Robbery Alarm Fees:

- ▶ First false alarm – Complimentary
- ▶ Second false alarm - \$100
- ▶ Third and Subsequent false alarm - \$150

For more information regarding this ordinance, please visit www.atbservices.com/rocklin

Make Checks Payable To: City of Rocklin
Return this form and permit fee to:
City of Rocklin
P.O. Box 26364
Colorado Springs, CO 80936

For Customer Service Call: 1-877-356-7605

For Office Use Only

Registration Number: _____

Expiration Date: _____