

CITY OF SPARKS
FALSE ALARM REDUCTION PROGRAM
C/O ATB SERVICES
P.O. BOX 26364
COLORADO SPRINGS, CO 80936
1-877-356-7601



ALARM REGISTRATION FORM

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

RESIDENTIAL Senior Yr of Birth _____
(60 or older) (Seniors only)

BUSINESS

Name of responsible party(Please print)

Name of responsible party(Please print)

Alarm Location

Alarm Location

City, State and Zip Code

City, State and Zip Code

Billing Address (if different)

Billing Address (if different)

Home Phone: _____

Type of business conducted: _____

Cell Phone: _____

Office Phone: _____

Alternate Contact Name: _____

Alternate Contact Name: _____

Alternate Contact Phone: _____

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 MunicipalCode 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

Colorado Springs, CO 80936

For Customer Service Call: 1-877-356-7601

For Office Use Only

Registration Number: _____

Date Received: _____

Expiration Date: _____