



### ALARM REGISTRATION FORM

RESIDENTIAL       \*Senior      Date of Birth \_\_\_\_\_  
(65 or older)      (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. No renewal is required unless the account has changes or a false alarm. The first false burglar alarm is \$100. The second false burglar alarm is \$125. The third false burglar alarm is \$150. The fourth false burglary alarm is \$175. The fifth 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 (if applicable), false 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](http://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: \_\_\_\_\_