


For Office Use Only: Account #

 INSTRUCTIONS: Please print legibly. Complete all items. Complete a separate form for EACH address to be registered.

ALARM REGISTRATION FORM

Residential Government

Senior Citizen: All three must apply to be eligible for exemption

- 65 years old on January 1 of the year which they qualify
- Is the owner of the residence or resides at this location as the principal tenant
- Occupies the residence as his or her primary residence
Proof may be required upon request

 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

 Business Name(Please print)

 Type of Business Conducted

 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 & Phone #: _____

Not Monitored

Monitoring Company & Phone #: _____

PLEASE READ THE FOLLOWING AND SIGN

In accordance with the Douglas County Alarm Ordinance #O-007-004, 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 pertaining to the accuracy and truthfulness of this information. I understand that response by the Sheriff's Office may be affected by factors including, but not limited to, the availability of deputies, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) _____

Date: _____

False Alarm Fees are as follows: (In a calendar year)

Burglary : False Alarm #1 through 2 are complimentary

After two false burglary alarms the alarm site is placed on a no-response and registration is suspended. Reinstatement is required to receive Sheriff response again.

False Alarm Fees for Hold Up, Panic/Robbery, Duress (Commercial Only):

False alarm #1- 3 is \$100 each occurrence

False alarm #4 and more is \$200 each occurrence

Additional Information:

After two (false) alarms within a registration period, the alarm user must have an alarm installation company or monitoring company inspect and modify the alarm system to be more false alarm resistant or provide additional training.