

**CITY OF SUFFOLK
 FALSE ALARM REDUCTION PROGRAM
 C/O ATB SERVICES
 P.O. BOX 26364
 COLORADO SPRINGS, CO 80936
 1-866-950-8185**



ALARM REGISTRATION APPLICATION

RESIDENTIAL

BUSINESS

 Name of Registration Holder (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)

Home Phone: _____

City, State and Zip Code

Cell Phone: _____

Office Phone: _____

SPECIAL CONDITIONS

In order to ensure the safety of our officers, the public and to enable the Suffolk 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 Date: _____

Address : _____

Alarm Installation Company: _____

Phone # : _____

Monitoring Company: (if different) _____

Address : _____

Phone # : _____

PLEASE READ THE FOLLOWING AND SIGN

This is to certify that as the applying principal, 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. The 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: _____

In accordance with the City of Suffolk Burglar Alarm Ordinance Chapter 30, if you have an alarm system in the city limits, it must be registered with the city within 30 days of this notice. The fee for an Alarm Registration or an Alarm Registration Renewal is set forth below and shall be paid by the Alarm user. No refund of a registration fee or renewal fee will be made. First false burglar alarm is free. The second false alarm is \$50.00 (waived for completing alarm school online); third false alarm is \$100.00; fourth false alarm or more is \$150.00. The first false robbery or panic alarm is free. The second false alarm is \$100.00; third false alarm is \$150.00; fourth or more false robbery or panic alarm is \$250.00 each.

Initial Registration Fee:	Residential	\$25.00	Renewal Fees:	Residential	\$10.00
	Commercial	\$25.00		Commercial	\$10.00

*** If you travel and will be away from the alarm site for a long period of time, please call ATB Services and provide an alternate billing address where we may send any billings or notices regarding your registration.

Make Checks Payable To: City of Suffolk
Return this form and registration fee to:
 City of Suffolk
 C/O ATB Services
 P.O. Box 26364
 Colorado Springs, CO 80936

www.atbservices.com/suffolk
 For Customer Service Call: 1-866-950-8185
For Office Use Only
 Registration Number: _____
 Date Received: _____
 Expiration Date: _____