## **CITY OF LANCASTER**

FALSE ALARM REDUCTION PROGRAM P.O. BOX 26364 COLORADO SPRINGS, CO 80936 1-866-950-9906



ALARM REGIST	TRATION FORM
RESIDENTIAL Senior Yr of Birth (65 or older) (Seniors only)	BUSINESS
Name of responsible party (Please print)	Business Name (Please print)
Alarm Location	Name of responsible party (Please print)
City, State and Zip Code	Alarm Location
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:
Alternate Contact Name:	Alternate Contact Name:
Alternate Contact Phone Number:	Alternate Contact Phone Number:
*Please advise if home, work or cell # for alternate contact	*Please advise if home, work or cell # for alternate contact
SPECIAL C	ONDITIONS
In order to ensure the safety of our police officers and the public and Please provide information regarding potentially hazardous circums	d to enable the police department to better protect your property
Comment:	
ALARM INSTAL	LATION DETAILS
Alarm Installation Company :	
Monitoring Company:(if different)	
Monitoring Company Address & Phone #	
It is the alarm owner's responsibility to prevent false alarms and to esystem. Additionally, it is the alarm owner's responsibility to notify the	
Signature: (Owner)	Date:
	ve an alarm system in the City of Lancaster, it must be registered with the City .00 for commercial. For residential only, Seniors (65) or older will be required nption, the permit holder must be listed as the property owner or leasee and
All alarm locations must possess a valid permit for the po	olice department to respond to an alarm.

Make Checks Payable To: City Of Lancaster

Registration Fee (Residential): \$50.00 Registration Fee (Commercial): \$100.00 Residential Only-Proof may be required

Seniors (65 or older) Fee: Exempt (Must still register)

Return this form and registration fee to:

City Of Lancaster PO Box 26364

Colorado Springs, CO 80936

For Customer Service Call: 1-866-950-9906 www.atbservices.com/Lancaster

For Office Use Only	
Registration Number:	
Date Received:	
Expiration Date:	