

Township of Montclair

c/o Alarm Tracking and Billing Services, P.O.Box 26364, Colorado Springs, CO 80936

ALARM REGISTRATION

Location Type: Business Type Residence Type

Alarm Type: Burglar Panic Audible Silent

Other Specify Other: _____

Business or Residence Name: _____

Address of Protected Premises: _____

Principal: (Responsible Party or Business) _____

Billing Address: (if different) _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Email Address: _____

Contact Information (at least two contacts must be provided)

1. Name: _____

Home Phone: _____ Work Phone: _____

Pager or Mobile Number: _____

2. Name: _____

Home Phone: _____ Work Phone: _____

Pager or Mobile Number: _____

PLEASE COMPLETELY ANSWER THE FOLLOWING:

1. Are there any dangerous or special conditions present at the Alarm Site (i.e. dogs/animals)? Yes No

If yes, what are they? _____

2. Are there any members of your household that require special assistance in the event of an alarm? Yes No

If so, what kind of assistance is needed? _____

3. Were you provided a set of written operating instructions for your alarm system including written guidelines on how to avoid False Alarms by your Alarm Installation Company? Yes No

4. Has your Alarm Installation Company trained you on the proper use of the alarm system, including instructions on how to avoid False Alarms? Yes No

5. Alarm Installation Company: _____

Address: _____ Phone Number: _____

6. Date of Installation/Conversion/Takeover of Alarm System: ____/____/____

7. Monitoring Company: _____

Address: _____ Phone Number: _____

PLEASE READ THE FOLLOWING AND SIGN:

In the event of an alarm it shall be the responsibility of the alarm company to notify the resident/subscriber. Subscribers are encouraged to provide their alarm companies with updated contact information as necessary. Any of the above information is confidential and will not be shared or sold with any third party.

NOTICE: For Intrusion alarms: If responding officers find the building secure, they may return to service before the contact person arrives. The Police Department response may be influenced by factors including, but not limited to, the availability of officers, priority of calls, weather conditions, traffic conditions, emergency conditions, staffing levels, etc.

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.

Principal's Signature: _____ Date: ____/____/____