

City of Council Bluffs

209 Pearl
Council Bluffs, IA 51503

ALARM REGISTRATION

Business or Residence Name	Address of Protected Premises	Location Type
		Business <input type="checkbox"/> Residence <input type="checkbox"/> Other <input type="checkbox"/> Specify Other _____
Principal (responsible party or business)		

Principal Billing Address		Alarm Type
Address:		Burglar <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> Specify Other _____
City, State & Zip:		
Work Phone:		
Home Phone:		

In Event of an Alarm, Contact (in order):			
Name	Work Phone	Home Phone	Pager or Mobile Number

Alarm Company:	
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NOTICE
For intrusion alarms: If responding officers find the building secure, they may return to service before the contact person arrives.

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:
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MAKE CHECKS PAYABLE TO: CITY OF COUNCIL BLUFFS											
Return This Form and Registration Fee To: City of Council Bluffs C/O ATB Services, LLC PO Box 26364 Colorado Springs, CO 80936	For service call: 1-800-861-5944 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">For Office Use Only</th> </tr> <tr> <td style="width: 70%;">Registration No.</td> <td style="width: 30%;"></td> </tr> <tr> <td>Registration Date:</td> <td></td> </tr> <tr> <td>Fee Paid:</td> <td></td> </tr> <tr> <td>Date Entered:</td> <td></td> </tr> </table>	For Office Use Only		Registration No.		Registration Date:		Fee Paid:		Date Entered:	
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