



County of  
Fairfax, Virginia

# FAIRFAX COUNTY POLICE DEPARTMENT RESIDENTIAL ALARM SYSTEM REGISTRATION FORM

## FALSE ALARM REDUCTION UNIT

4100 Chain Bridge Road

Fairfax, VA 22030

Phone: 703-246-5424 Fax: 703-246-5430

E-MAIL: [alarms@fairfaxcounty.gov](mailto:alarms@fairfaxcounty.gov)

DEPARTMENT USE  
ONLY

CK#

AMT:

PATROL AREA:

**Reg #:**

A NON-REFUNDABLE \$25.00 REGISTRATION FEE MUST BE SUBMITTED WITH EACH REGISTRATION FORM. MAKE THE CHECK OR MONEY ORDER PAYABLE TO COUNTY OF FAIRFAX. ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK OR DARK BLUE INK. PLEASE REFER TO THE BACK OF THIS FORM FOR FURTHER INSTRUCTIONS. **ALL INFORMATION ON THIS FORM IS CONFIDENTIAL.**

### 1. Alarm User Information (Alarm Location)

Last Name

First Name

Middle Initial

Street Number

Street Name

Apt/Suite/Room #

City/Town

State

Zip Code

Email Address

Home Phone

Work Phone

Cell Phone / Pager Number

### 2. Mailing Address (If Different from the Alarm Location)

Street Number

Street Name

Apt/Suite/Room #

City/Town

State

Zip Code

### 3. List Two (2) People to Contact in the Event of an Alarm

Last Name #1

First Name

Home Phone Number

Work Phone Number

Cell Phone / Pager Number

Last Name #2

First Name

Home Phone Number

Work Phone Number

Cell Phone / Pager Number

### 4. Special Conditions (i.e. Watch Dog, Handicapped Persons, etc.)

### 5. Alarm Company Information

Company Name

PROTECT AMERICA, INC.

D.C.J.S. Registration Number

Work Phone Number

800-951-5111

Fax Number

512-246-7218

### 6. Monitoring Company Information (If Different from the Alarm Company)

Company Name

CRITICOM MONITORING SERVICES

D.C.J.S. Registration Number

Work Phone Number

800-367-6811

Fax Number

800-952-6777

Registration of an alarm system is not intended to, nor will it, create a contract, duty or obligation, either expressed or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By registering an alarm system the alarm user acknowledges that police response may be based on factors such as availability of police units, priority calls, weather conditions, traffic conditions, emergency situations and staffing.

### 7. Signature Line

PROVIDE YOUR REQUIRED INFORMATION AND SIGN TO PROVIDE PROTECT AMERICA, INC PERMISSION TO SIGN THE ORIGINAL ALARM SYSTEM REGISTRATION FORM FOR YOU.

Alarm User's Signature

Date



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# FAIRFAX COUNTY POLICE DEPARTMENT NON-RESIDENTIAL ALARM SYSTEM REGISTRATION FORM

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#### 1. Business Trade Name (Trade name used by Business)

#### 2. Non-Residential Alarm Information (Name of Corporation, sole Proprietor, or Partner)

#### 3. Address Where Alarm is Located

Street Number

Street Name

Apt/Suite/Room #

City/Town

State

Zip Code

Email Address

Business Phone

Fax Number

Type of Business : i.e. Warehouse, Retail, etc.

#### 4. Mailing Address. (If Different from the Alarm Location)

Street Number

Street Name

Apt/Suite/Room #

City/Town

State

Zip Code

Email Address

#### 5. Manager or Responsible Party of Business

Last Name

First Name

Phone Number

Fax Number

#### 6. List Two (2) People to Contact in the Event of an Alarm

Last Name #1

First Name

Home Phone Number

Work Phone Number

Cell Phone / Pager Number

Last Name #2

First Name

Home Phone Number

Work Phone Number

Cell Phone / Pager Number

#### 7. Special Conditions (i.e. Watch Dog, Handicapped Persons, etc.)

#### 8. Alarm Company Information

Company Name

PROTECT AMERICA, INC.

D.C.J.S. Registration Number

#### 9. Monitoring Company Information (If Different from the Alarm Company)

Company Name

CRITICOM MONITORING SERVICES

D.C.J.S. Registration Number

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#### 10. Signature Line

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