

Loudoun County Sheriff's Office
False Alarm Reduction Unit
P O Box 3232, Leesburg, VA 20177
703-737-8344 or 703-737-8165 Fax 703-737-8354

Commercial Alarm System Registration

Print or Type All Information

Alarm User Information:

Business Name _____

Address (including suite #) _____

Phone # _____ Fax # _____

Billing/Mailing Address if Different From Above:

List 2 Persons to Contact, who will respond, in the Event of an Alarm or Emergency: (Include Area Codes)

Last Name _____ First Name _____

Home # _____ Cell # _____

Last Name _____ First Name _____

Home # _____ Cell # _____

Hazards on site: Guard Dog/Firearms/Hazardous Chemicals, etc:

Month/Year System was Installed _____

Installing Alarm Company _____ Phone # _____

Monitoring Company (If different from Installing Company):

Name _____ Phone # _____

I have read the completed application and know the same is true and correct. I will comply with all the provisions of Ordinance 655 and with applicable State Laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system. Alarm registration 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 government immunity as provided by law is retained. The Alarm user acknowledges that law enforcement response may be influenced by factors such as: the availability of Sheriff's Office units, priority of calls, weather conditions, staffing levels and prior response history. The submission of an alarm registration does not guarantee law enforcement response to an alarm. Ordinance 655 can be viewed at <http://www.loudoun.gov/government/codes.htm>

Applicants

Printed Name/Signature _____

Date _____

Sheriff's Office Use
Date Received
Registration #