



# ALARM REGISTRATION FORM

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

LCSO Use Only

Registration Number

Date Received

Registration Type (circle):      Commercial      Residential      Installation Date:

## Alarm System User Information

Business Name (if applicable): \_\_\_\_\_ Business type: \_\_\_\_\_

Last Name(s): \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Suite #/Apt. #/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (      ) \_\_\_\_\_ Cell #: (      ) \_\_\_\_\_ Alt #: (      ) \_\_\_\_\_

Hazards on site (guns, guard dogs, flammables, etc): \_\_\_\_\_

## Billing/Mailing Information (if different from above)

Business Name (if applicable): \_\_\_\_\_ Business type: \_\_\_\_\_

Last Name(s): \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Suite #/Apt. #/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (      ) \_\_\_\_\_ Cell #: (      ) \_\_\_\_\_ Alt #: (      ) \_\_\_\_\_

## Emergency Contacts

(List two people to contact who can receive alarm notifications, respond within an hour in the event of an alarm, grant access to an alarm site, and deactivate the system if necessary)

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home #: (      ) \_\_\_\_\_ Cell #: (      ) \_\_\_\_\_ Alt #: (      ) \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home #: (      ) \_\_\_\_\_ Cell #: (      ) \_\_\_\_\_ Alt #: (      ) \_\_\_\_\_

## Alarm Company Information

Installing Alarm Company: PROTECT AMERICA, INC. Phone # (800) 951-5111

Monitoring Company Name: CRITICOM MONITORING SERVICES Phone # (800) 482-9800  
(If different from Installing Company)

## System Information

(Class of alarms installed at location--please circle all that apply and check whether each one is Silent or Audible):

Burglary: Silent \_\_\_\_\_ Holdup: Silent \_\_\_\_\_ Duress: Silent ☒ Panic: Silent \_\_\_\_\_ Other: Silent \_\_\_\_\_  
Audible ☒ Audible \_\_\_\_\_ Audible \_\_\_\_\_ Audible ☒ Audible \_\_\_\_\_

I have read the completed application and know the same is true and correct. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system. By submitting this application, I certify that I have been given a set of written operating instructions and have received training by the installing company on proper use of the system including how to avoid false alarms. 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 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 may be viewed at <http://www.loudoun.gov>.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_