



## City of Olympia

C/O ATB Services

PO Box 26364, Colorado Springs, CO 80936

Business or Resident Name	Address of Protected Premises	Location Type
		Business <input type="checkbox"/> Residence <input type="checkbox"/> School <input type="checkbox"/>
Principal (responsible party or business)		
Principal Billing Address		Alarm Type
Address:		Burglar <input type="checkbox"/>
City, State & Zip:		Panic <input type="checkbox"/>
Home Phone:		Multi <input checked="" type="checkbox"/>
Work Phone:		
Alarm Company:	PROTECT AMERICA, INC.	
<b>NOTICE</b>		
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:
<b>MAKE CHECKS PAYABLE TO: CITY OF OLYMPIA</b>		
For service call: 1-800-861-5944		
For Office Use Only		
Registration No.		
Expiration Date:		
Fee Paid:		
Date Entered:		
<b>CONFIDENTIAL</b>		