

City of Papillion

122 East Third Street
Papillion, NE 68046

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:		
Home Phone:		
Work Phone:		

In Event of an Alarm, Contact (in order):

ATB Services does not notify alarm companies of contact changes. Please call your alarm service provider with any contact changes you have.

Name	Home Phone	Work Phone	Pager or Mobile Number

Alarm Company: _____

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: _____

MAKE CHECKS PAYABLE TO: CITY OF PAPIILLION

Return This Form and \$15.00 Registration Fee To:

City of Papillion
C/O ATB Services, LLC
PO Box 26364
Colorado Springs, CO 80936

CONFIDENTIAL

For service call: 1-877-356-7599

For Office Use Only	
Registration No.	
Registration Date:	
Fee Paid:	
Date Entered:	