

Here are the instructions for registering online. Go to <https://crywolf.olatheks.org> to get started. Click on New Alarm Users:



## False Alarm Reduction and Administration

New Accounts ▾ Current Accounts ▾ Prevention ▾

### Welcome to the City of Olathe, KS Alarm Prevention and Administration Site

Law Enforcement personnel respond to thousands of false alarm calls yearly. These unnecessary responses result in an enormous burden in manpower and expense; which in turn reduces the time available to respond to real emergencies.



[AlarmOrdinance](#)  
[AppealGuidelines](#)  
[FAQs](#)  
[PreventionTips](#)

Javascript must be enabled for site to function properly. Best viewed in Chrome, FireFox or IE 10 or higher

Complete each section (including first name on Alarm Location & Mailing/Billing Information). When you have completed each section, click on "Submit Online Form. (it will be highlighted once the sections are completed). If you are registering a business, click the down arrow on location type and choose commercial. If you are registering a residence, click the down arrow on location type and choose residential.

Select a location ▼  
Select a location  
Residential  
Commercial

Location Type **Commercial** ▼ \$ Location Type **Residential** ▼ \$0

## Online Registration You **MUST** complete the **Alarmed Location** and **Mailing Information** Sections before submitting

### Alarmed Location Information \*

\* refers to address where the alarm system is installed

Location Type **Residential** ▼ \$0

**Last Name** ACCOUNT

**First Name** TEST

Suite (if applicable) 1201 Numbers and/or letters only (e.g. 'A2' or '5')

**Street Number** 100 Numbers only (0 - 9)

**Street Name** E SANTA FE ST

**City** OLATHE **State** KS **Zip** 66061

**Main Phone** 913-971-8530

**Other Phone** 913-971-8530

**Email address** falsealarm@olatheks.org

Providing your email account authorizes the sending of future emails to you

Required fields marked in **RED**

Checkmark the box next to Use Alarmed Location Information and it will automatically populate the information from alarm location information section above.

## Mailing/Billing Information \*

\* refers to the person / address where correspondence and statements will be mailed

Use Alarmed Location Information

Last Name

First Name

Street Number

Street Name

Suite

City  State  Zip

Home Phone

Work Phone

Cell Phone

Other Phone

Email Address

Required fields marked in RED

On the "Contact Information" tab, please list 2 people (first and last names) preferably who do not live at the address that could respond to an alarm activation in an emergency.

## Contact/Keyholder Information \*

\* refers to person(s) to respond if called by law enforcement

Contact 1:

Last Name

First Name

Street Number

Street Name

Suite

City St Zip

Home Phone

Work Phone

Cell Phone

Other Phone

Email Address

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Contact 2:

Last Name

First Name

Street Number

Street Name

Suite

City St Zip

Home Phone

Work Phone

Cell Phone

Other Phone

Email Address

Please click the down button for alarm monitoring company and the installation company. Self-installed alarm system and/or self-monitored alarm is in the list, if applicable.

## Alarm Company Information \*

\* refers to contracted Alarm Companies

Monitored By	<input type="text" value="N/A None - (-1)"/>	<input type="button" value="▼"/>
Installed By	<input type="text" value="N/A None - (-1)"/>	<input type="button" value="▼"/>

## Special Conditions \*

\* e.g. Senior in Building, Dogs in yard, Hazardous Chemicals (maximum length 250 characters)

Be sure to click the box next to terms and conditions. You must click the submit online form button.

**Password \***

Enter and verify your password

Enter Password

Re-enter Password

Terms and Conditions

I confirm that the information entered on this form is accurate and correct to the best of my knowledge

**Password requirements**  
Length between 8 and 15 characters  
And include...  
One or more numeric (0-9)  
One or more lower case (a-z)  
One or more UPPPER Case (A-Z)  
One or more special characters ! @ # \$ %

After you click the submit online form button, you should see this:

HOME



False Alarm Reduction and Administration

New Accounts Current Accounts Prevention

Return to Main screen

Click here to Sign in...

Thank you for registering online. Please print a copy of this form for your records

1 / 1 Fit width

Account # <b>15424</b>	<b>City of Olathe False Alarm Reduction Unit</b> www.olatheks.org	
P.O. Box 768 Olathe, KS 66051-0768	Office 913-971-8530 Fax 913-971-8525	

**UNIVERSAL REGISTRATION FORM**

No registration fee required. A registration form must be returned or online registration completed in the time specified in the letter/email or a \$50 fine for operating a non-registered alarm system may be imposed. Alarm registrations are valid January 1 - December 31 of the current year. Renewal notices will be sent out each October/

**A. Alarm User**  
 Alarm User Name: TEST ACCOUNT  
First Name Last Name or Business Name

Alarm Location: 100 E SANTA FE ST 1201  
Street Number Street Prefix Street Name Street Suffix Suite/Apt. No.

OLATHE KS 66061  
City State Zip Code

(913) 971-8530 (913) 971-8530  
Home Phone Work Phone Cell Phone Alt. Cell Phone or Pager

**B. Type of Alarm:** (Check all that apply)  Burglar  Panic  Medical  Robbery/ Holdup  Fire

Report is completely generated. Total page count: 1

City of Olathe, KS | P.O. Box 768 | Olathe, KS 66051 | (913) 971-8530



Click on the account history button to see if your submittal was successful. Check for an entry labeled web-pending.

Update User Information

**Review History**

Pay Online

Attend Alarm School

Change Password

Log out

**Account History: 15424**

**Name:** ACCOUNT, TEST  
**Address:** 100 E SANTA FE ST #1201  
 OLATHE, KS 66061  
**Status:** Web-Pending  
**Location:** Residential  
**Agency:** Olathe KS  
**Issued:** 8/8/2017  
**Expiration:**  
**Escrow:** \$0.00  
**History Length:** All  
**Monitored By:** 531 SELF MONITORED ALARMS SYSTEM AC Registered  
**Installed By:** 481 SELF INSTALLED ALARMS SYSTEM AC Registered

Total Actions	Total Alrms Counted	Total Alrms Ignrd/Valid	Total Charged	Total Appealed	Total Refund	Total Paid	Total Outstanding
1	0	0 / 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

  

Dispatch Group	Total Number	Total Chargeable	Total Ignored	Total Valid	Total Charged	Total Owed
FIRE	0	0	0	0	\$0.00	\$0.00
Police	0	0	0	0	\$0.00	\$0.00

  

Invoice	Action	Actn/Sent	Charge	Payment
258089	Web-Pending	8/8/2017	\$0.00	\$0.00

The alarm coordinator will review your application verifying the required information is present.

**Account History: 15424**

**Name:** ACCOUNT, TEST  
**Address:** 100 E SANTA FE ST #1201  
 OLATHE, KS 66061  
**Status:** Registered  
**Location:** Residential  
**Agency:** Olathe KS  
**Issued:** 8/8/2017  
**Expiration:** 12/31/2017  
**Escrow:** \$0.00  
**History Length:** All  
**Monitored By** 531 SELF MONITORED ALARM SYSTEM AC Registered  
**Installed By** 481 SELF INSTALLED ALARM SYSTEM AC Registered

Total Actions	Total Alrms Counted	Total Alrms Ignrd/Valid	Total Charged	Total Appealed	Total Refund	Total Paid	Total Outstanding
2	0	0 / 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Dispatch Group	Total Number	Total Chargeable	Total Ignored	Total Valid	Total Charged	Total Owed
FIRE	0	0	0	0	\$0.00	\$0.00
Police	0	0	0	0	\$0.00	\$0.00

Invoice Number	Action Taken	Inc Dt Hrng Dt	Actn Dt Dt Sent	Case Number	Amount Charged	Amount Outstdng
258092	Registered		8/8/2017		\$0.00	\$0.00
258089	Web-Pending		8/8/2017		\$0.00	\$0.00

You will receive a letter via email notifying you the alarm account is registered.