



ALARM REGISTRATION FORM

ADDRESS/OWNER INFORMATION WHERE THE ALARM IS LOCATED

Street Address: _____ Suite/Apartment #: _____

City, State, Zip Code: _____

Name of Business/Residence: _____ Telephone #: _____

E-Mail: _____

Mailing or Billing Address if different from above

Name: _____ Attention: _____

City, State, Zip _____ Telephone #: _____

Property Type (check one) Residential Commercial

Alarm Company Name: _____ License #: _____

Address: City, State, Zip _____

Telephone #: _____ Local Telephone #: _____

Monitoring Company Name: _____ License #: _____

Address: City, State, Zip _____

Telephone #: _____ Local Telephone #: _____

EMERGENCY CONTACTS: Please list at least two names and phone numbers of persons who will respond with keys to the business or residence if the owner is not available. These persons should be capable of resetting the system and acting as your agent to assist Police Department at the alarm site.

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____

I UNDERSTAND THAT PURSUANT TO CHAPTER 5 OF THE CITY CODE OF ALTAMONTE SPRINGS, I AM RESPONSIBLE FOR ALL SERVICE FEES CHARGED FOR FLASE ALARMS AND FOR ALL COSTS AND ATTORNEY'S FEES INCURRED BY THE CITY IN COLLECTING THEM.

I AGREE THAT WHEN I VACATE THESE PREMISES OR WHEN THIS FORM IS FOR ANY REASON NO LONGER VALID, I WILL IMMEDIATELY NOTIFY, IN WRITING, THE POLICE DEPARTMENT.

I UNDERSTAND THAT I WILL CONTINUE TO BE RESPONSIBLE FOR ALL SERVICE FEES FOR FLASE ALARMS AND ALL ATTORNEY'S FEES AND COSTS FOR THESE PREMISES UNTIL THE POLICE DEPARTMENT HAS(1) A NEW REGISTRATION FORM ON FILE OR (2) BEEN NOTIFIED THAT THE SECURITY I ALARM SYSTEM AT THESE PREMISES HAS BEEN DISCONNECTED OR REMOVED.

Mail completed form to:

City of Altamonte Springs - Police Department
225 Newburyport Ave, Altamonte Springs, FL 32701-3697
Alarm Coordinator: (407) 571-8208 Fax: (407) 571-8221
E-Mail: pdrecords@altamonte.org

Signature: _____

Date: ____/____/____