

**ALARM REGISTRATION FORM
CUSTOMER INFORMATION**

Permit Number: _____ Date: _____
Company Name _____ Phone() _____
Owner/Operator Last Name _____ First Name _____
Alarm Address _____ City: Holmes Beach State: Fl Zip: 34217
Day Phone: () _____ Night Phone: () _____
Building Type: _____ (BK-Bank, BS-Business, HO-Home, SCH-School)

ALARM INFORMATION

*Alarm Type _____ Manufacturer _____
*Type B-Burglary F-Fire M-Medical H-Hazardous Materials O-Other
Supplier Name _____ Address _____
City _____ State _____ Zip _____
Contact Name _____ Phone: _____
Does alarm system have an audible signal (siren, horn, etc) Yes ___ No ___
If the alarm has an audible signal, does it automatically reset itself? Yes ___ No ___
Automatic reset occurs after how many minutes? _____
Does the alarm transmit a signal to a remote monitoring site? Yes ___ No ___
Alarm company name _____ Phone:() _____
If the alarm is for detection of criminal activity, does it have manually activated button(s), such as robbery button? Yes ___ No ___

KEYHOLDER INFORMATION

Please list at least three (3) persons who may be called to respond and reset, or disconnect your alarm system in the event of false alarm or entry. (Must be able to arrive within 30 minutes)

1. Name: _____ Phone: () _____
2. Name: _____ Phone: () _____
3. Name: _____ Phone: () _____

Mailing address for correspondence and billing: (If different from alarm address)

