ALARM REGISTRATION FORM

Community Development Department
18070 Collins Ave, 3rd Floor
Tel: 305.792.1705 Fax: 305.792.1569

New Application	☐	➪ Building Permit #	Installer License #
Renewal:	☐		
Name of Business:	☐		Address
Name of Resident:	☐		Address

LOCATION OF ALARM (**Class**: Residential ☐ Business ☐ Apartment ☐ Condo ☐)

Owner/User: Address:

Day Ph# Evening Ph# Alternate Ph#

Mailing Address:

City: State: Zip Code:

* LANDLORD INFORMATION (Business Applicants Only)

Name: Phone:

Address: City: State Zip:

INDIVIDUAL(S) ABLE AND AUTHORIZED TO ENTER PREMISES & DEACTIVATE THE ALARM

Name: Address Ph# Alt.#

Name: Address Ph# Alt.#

Name: Address Ph# Alt.#

YOU MUST NOTIFY YOUR ALARM COMPANY OF THE VALID REGISTRATION NUMBER

Alarm Co. That installed System: Permit# Date:

Alarm Co. Servicing Alarm System: Ph#

Alarm Co. Monitoring Alarm System: Ph#

Do You Have A Back-Up Power Supply: Y N

Do You Have A Ten / Fifteen Min. Cut Off: Y N

Signature of Applicant Date