

ALARM USER PERMIT REGISTRATION
FOR MONITORED ALARM SYSTEM ONLY

(OFFICE USE ONLY)

Permit Number: _____
issued: _____

Date _____

ALARM USER INFORMATION

PLEASE PRINT CLEARLY OR TYPE

Is this address a: Residence ☐ Business ☐ If Business, Name of Business: _____

Normal hours of operation: _____

Name of Alarm User: _____
Telephone Number at Alarm Location _____

Secondary Phone Number _____

Pager/Cell Phone Number _____

E-mail Address _____

Address of Alarm Location: _____
Complete Street Address Suite/Apartment # Zip Code

ALARM USER MAILING/BILLING ADDRESS (If different from above or if resident lives elsewhere during part of the year)

_____ St
reet Address City State/Province Zip/Postal Code Country Phone Number

ALARM COMPANY AND/OR MONITORING COMPANY

Installed/serviced by: _____ (_____) _____
Name of Alarm Company Phone Number

Monitored By: _____ (_____) _____
Name of Monitoring Company Phone Number

Type of Alarm (check all that apply) Intrusion ☐ Panic ☐ Medical ☐ Robbery ☐
Audible ☐ Silent ☐ Fire/Smoke ☐ Date of Installation/Takeover: _____

ALARM LOCATION HAZARDS(check all that apply)

Dog(s) ☐ Chemicals ☐ Hazardous Materials ☐ Firearms/Explosives ☐ Other ☐_____

RESPONSIBLE REPRESENTATIVES – List two people (other than the person applying for the permit) who can respond to an alarm activation.

Name
Phone/Other

Day Phone

Night Phone

Cell

Name

Day Phone

Night Phone

Cell Phone/Other

I hereby certify that the information on this application is correct to the best of my knowledge. I know that I must advise the City of Fellsmere in writing if the information on this form changes.

APPLICANT'S SIGNATURE

DATE