

ALARM USER PERMIT REGISTRATION

(OFFICE USE ONLY)

Permit Number: _____

Date issued: _____

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: _____
Street # Complete Street Name Suite/Apartment # Zip Code

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

Street 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 Day Phone Night Phone Cell Phone/Other

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