



## City of Fort Lauderdale COMMERCIAL Alarm Registration

City Ordinance, Chapter 4 Alarm Systems, requires that all alarm users in the City of Fort Lauderdale register their alarm systems to include MANDATORY Emergency Contact information. This registration includes all alarms and will be effective from January 1 to December 31 of each year and MUST be renewed. PLEASE COMPLETE THIS FORM EVEN IF A PREVIOUS ALARM REGISTRATION FORM WAS SUBMITTED TO THE CITY. Complete all sections, as INCOMPLETE FORMS WILL BE RETURNED AND CONSIDERED INVALID. In cases where there are more than one system installed on the property, each system must be registered individually. Pursuant to Section 281.301 of the Florida State Statutes, alarm registration documents shall be exempt from public disclosure.

**PLEASE PRINT OR TYPE**

**Structure Address**

Building \_\_\_\_\_ Suite # \_\_\_\_\_ Zip \_\_\_\_\_

**Business Name**

Phone \_\_\_\_\_

**Mailing Address**

(if different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business Owner**

Bus Phone \_\_\_\_\_

**Mailing Address**

(if different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional Phone**

Home \_\_\_\_\_ Cellular \_\_\_\_\_ Pager \_\_\_\_\_

**Days /Hours of**

**Operation**

Own     Lease

**Type of Alarm** (check appropriate boxes)

Audible     Silent     Panic     Medical     Fire

**Alarm Installation/Service Company**

**Name**

Phone \_\_\_\_\_

**Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact Information (MUST BE PROVIDED)**

List two individuals that will respond in case of an emergency and are able to reset the alarm.

**Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

**Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional Phone**

Work \_\_\_\_\_ Cellular \_\_\_\_\_ Pager \_\_\_\_\_

**Name**

Home Phone \_\_\_\_\_

**Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional Phone**

Work \_\_\_\_\_ Cellular \_\_\_\_\_ Pager \_\_\_\_\_

**Special Hazards** (type and location)

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please return this form to: **Fort Lauderdale Police Department**

Alarm Unit  
1300 West Broward Boulevard  
Fort Lauderdale, FL 33312