

ASPD ALARM and / or BUSINESS REGISTRATION

City of Altamonte Springs - Police Department
225 Newburyport Avenue
Altamonte Springs, FL 32701
Alarm Coordinator: (407) 571-8208 Fax: (407) 571-8193
E-Mail: tlsammons@altamonte.org

(FOR PD ADMINISTRATIVE USE ONLY)

FAA#

ALL LINES MUST BE PROPERLY FILLED IN OR THIS REGISTRATION WILL BE RETURNED

Business Name _____ Phone () _____
Address _____ Fax () _____
City, State Zip _____ E-Mail _____

Do You Have a Security System? ?
 YES NO

Alarm Co. _____
Address _____
City _____ Zip _____
Phone () _____

Mailing information if different from Business:

Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Fax () _____

IN THE EVENT OF AN EMERGENCY, FOR WEEKENDS OR AFTER BUSINESS HOURS, PROVIDE ASPD, **IN ORDER OF PRIORITY**, NAMES AND NUMBERS OF THREE (3) LOCAL CONTACTS WHO CAN BE CALLED IN CASE OF ALARM OR OTHER EMERGENCY:

Print Name _____ Phone () _____ Cell Home Bus
Print Name _____ Phone () _____ cell Home Bus
Print Name _____ Phone () _____ cell Home Bus

I UNDERSTAND THAT PURSUANT TO CHAPTER 5 OF THE CITY CODE OF ALTAMONTE SPRINGS, I AM RESPONSIBLE FOR ALL SERVICE FEES CHARGED FOR FALSE ALARMS AND FOR ALL COSTS AND ATTORNEY'S FEES INCURRED BY THE CITY IN COLLECTING THEM.

I AGREE THAT WHEN I VACATE THESE PREMISES OR WHEN THIS FORM IS FOR ANY REASON NO LONGER VALID, I WILL IMMEDIATELY NOTIFY, IN WRITING, THE ALTAMONTE SPRINGS POLICE DEPARTMENT.

I UNDERSTAND THAT I WILL CONTINUE TO BE RESPONSIBLE FOR ALL SERVICE FEES FOR FALSE ALARMS AND ALL ATTORNEY'S FEES AND COSTS FOR THESE PREMISES UNTIL THE ALTAMONTE SPRINGS POLICE DEPARTMENT HAS (1) A NEW REGISTRATION FORM ON FILE OR (2) BEEN NOTIFIED THAT THE SECURITY / ALARM SYSTEM AT THESE PREMISES HAS BEEN DISCONNECTED OR REMOVED.

Authorized Signature

Title: Business Owner Employee
 Business Manager

"Print" name of Signature Above

Today's Date: _____ / _____ / _____