

ASPD ALARM REGISTRATION - RESIDENT

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

(FOR PD ADMINISTRATIVE USE ONLY)

FAA# _____

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

RESIDENT (S)

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

Do You Have a Security System?

YES NO

Alarm Co. _____
Address _____
City, State _____ Zip _____
Phone: () _____

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I AGREE THAT WHEN I VACATE THESE PREMISES OR WHEN THIS FORM IS FOR ANY REASON NO LONGER VALID, I WILL IMMEDIATELY NOTIFY, IN WRITING, THE ALTAMONTE SPRINGS POLICE DEPARTMENT.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

Home Owner
 Resident

"Print" name of Signature Above

Today's Date: _____ / _____ / _____