

City of Altamonte Springs

Emergency Contact and Alarm Registration Form

This form must be completed and provided to the City Clerk's Office at the time of a Business Tax Receipt application or a Business Tax Receipt annual renewal.

Address/Owner Information:

Name of Business/Residence: _____

Street Address: _____ Suite/Apartment #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

EMERGENCY CONTACTS: Please list three names and phone numbers of persons who will respond with keys to the business or residence in order of priority. These persons should be capable of resetting alarm systems and assisting first responders.

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Security Alarm System Information:

If a security alarm system is present in the building, please complete the information below.

Mailing or Billing Address (If different from above):

Name: _____ Attention: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Local Phone: _____

Property Type (Check One): Residential Commercial

Alarm Company Name: _____

Phone: _____ Local Phone: _____

Monitoring Company Name: _____

Phone: _____ Local Phone: _____

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 I agree that when I vacate these premises or when the information contained in this form is for any reason no longer valid, I will immediately notify, in writing, the police department.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 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.

Signature: _____ Date: _____