



CITY OF DAYTONA BEACH, FLORIDA

ALARM REGISTRATION FORM

City of Daytona Beach Code Chapter 38 Article II Sec. 38-28, Registration; turning off alarms, requires the following information be provided by the alarm user to the City of Daytona Beach Alarm Coordinator.

Please complete this form and email to **FalseAlarms@codb.us** or mail to the address at bottom of form.

ADDRESS/OWNER INFORMATION WHERE THE ALARM IS LOCATED

Street Address: _____ Suite/Apt #: _____

City, State, Zip Code: _____

Site Type: Residential Commercial

Name of Business/Residence: _____

Email Address: _____ Phone #: _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE

Bill to Name: _____

Street Address: _____ Suite/Apt #: _____

City, State, Zip Code: _____

Email Address: _____ Phone #: _____

ALARM INFORMATION

Type of Alarm (check one): Burglar Business Fire Hold up Panic

Alarm Company/Monitored By: _____

State License #: _____ Alarm Installation Date: _____

EMERGENCY CONTACTS

CONTACTS: Please list at least two names and phone numbers of persons who will respond with keys to the business or residence if the owner is not available. These persons should be capable of resetting the system and acting as your agent to assist Police and Fire Departments at the alarm site.

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____