ORLANDO POLICE DEPARTMENT
Chief Orlando Rolón

ALARM USER REGISTRATION FORM

City of Orlando Code Chapter 41, False Alarms, requires the following information be provided by the alarm user to the Orlando Police Alarm Coordinator. Please complete this form and mail to the address below. This form may also be completed online at cityoforlando.net/police/false-alarm.

Resident or Business Name: _____

Street Address: _____Suite/Apartment #:_____

City, State, Zip Code:

_____

Email Address :_____Primary Contact #_____

Mailing or Billing Name and Address if different from above

_____

Address: _____

TYPE OF ALARM
(check all that apply) Audible ☐   Silent ☐   Video ☐   Panic ☐   Holdup/Robbery ☐

Alarm Company Name: _____License #:_____
Address: City, State, Zip _____
Telephone #: _____ Date Installed: _____

Monitoring Company Name: _____ License #:_____
Address: City, State, Zip _____
Telephone #: _____ Local Telephone #: _____

EMERGENCY 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 Law Enforcement at the alarm site.

Name: _____Home #:_____Cell #:_____
Name: _____Home #:_____Cell #:_____
Name: _____Home #:_____Cell #:_____

Is this a gated community? (check one)   Yes ☐   No ☐   If yes, gate code? _____

Are there any dogs inside? (check one)   Yes ☐   No ☐

Are there any hazardous materials or conditions at the site such as medical waste, radioactive materials, chemical storage, armed security guards, guard dogs, chemical alarms, etc.?(check one) Yes ☐ No ☐

If yes, please explain:

_____
_____
_____

Have you and all other key holders been thoroughly trained in the operation and maintenance of the alarm system by your alarm company?(check one)   Yes ☐   No ☐

If no, please explain:

_____
_____
_____

Have you and all other key holders been trained in the procedures you must follow when contacted by the monitoring company in reference to an alarm activation?(check one)   Yes ☐   No ☐

If no, please explain:

_____
_____
_____

Have you been given any false alarm reduction tip sheets or handouts, or any false alarm reduction instructions by your alarm company?(check one)   Yes ☐   No ☐

Additional comments or special needs issues:

_____
_____
_____

Name: _____
                    Last   First

Signature:_____ Date:_____
                                                                              mm/dd/yyyy

Mail completed form to:

Orlando Police Department
Attn: Alarm Coordinator
1250 West South Street
Orlando, FL 32805