CITY OF CLEARWATER ALARM USER REGISTRATION

Please check one:
□ RESIDENCE
□ BUSINESS
□ GOVERNMENT

For Staff Only:
PERMIT NO.: _____
(Issued upon registration)

Registration Information: Please complete all information requested. Write "N/A" in any space which does not apply.

BUSINESS/RESIDENT NAME: _____ EMAIL: _____

ALARM ADDRESS: _____ STE/APT NO.: _____

CLEARWATER, FL (ZIP CODE) _____ BUSINESS PHONE: _____ HOME/CELL PHONE: _____

MAILING ADDRESS: _____ FAX NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

It is not necessary to provide the building permit number and the date of final inspection if your alarm system became operational before October 1, 1990 or if this application is for a residence. All business alarm systems installed after October 1, 1990 are required to obtain a building permit and final inspection by the City of Clearwater Building Department.

DATE ALARM SYSTEM BECAME OPERATIONAL: _____/_____/_____

TYPE OF ALARM (check all that apply) □ INTRUSION □ HOLD-UP □ PANIC
□ AUDIBLE □ SILENT □ VIDEO

SERVICING ALARM COMPANY NAME: _____ TELEPHONE: _____

MONITORING ALARM COMPANY NAME: _____ TELEPHONE: _____

City of Clearwater Ordinance Section 5.61 requires all businesses and residences with security alarm systems to possess a valid alarm permit. Violation of this section shall be punished by a fine not exceeding five hundred dollars ($500) for each day the alarm system is operated without a valid alarm permit. Please provide your permit number to your alarm company.

RESIDENT/MANAGER'S SIGNATURE: _____ DATE: _____/_____/_____

RESIDENT/MANAGER'S PRINTED NAME: _____

Emergency Notifications: (List full names and personal information of individuals with keys to respond in case of emergency)

1. NAME: _____ □ OWNER □ MANAGER □ EMPLOYEE
   ADDRESS: _____ □ OTHER _____
   TELEPHONE NUMBER (PRIMARY): _____ TELEPHONE NUMBER (SECONDARY): _____
2. NAME: _____ □ OWNER □ MANAGER □ EMPLOYEE
   ADDRESS: _____ □ OTHER _____
   TELEPHONE NUMBER (PRIMARY): _____ TELEPHONE NUMBER (SECONDARY): _____

FOR BUSINESSES ONLY:

CITY OF CLEARWATER BUILDING PERMIT NO.: _____ DATE OF FINAL INSPECTION BY BUILDING DEPT.: _____/_____/_____

This information will only be used by Alarm Unit personnel at Clearwater Police Department to insure proper identification of people notified in the case of an active alarm. Incomplete forms will not be processed. If you require assistance completing this registration form, contact the Alarm Unit Monday through Friday, 8:30 a.m. until 4:30 p.m. at 727-562-4449, or ext. 4450.

RETURN TO: CLEARWATER POLICE DEPARTMENT – ALARM UNIT
645 PIERCE STREET, CLEARWATER, FL 33756
EMAIL: ALARMUNIT@MYCLEARWATER.COM
FAX: 727-562-4415

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