## CITY OF CLEARWATER ALARM USER REGISTRATION

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.

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

Please provide your Alarm Permit Number to your alarm company.

Please check one:	RESIDENCE OWNER RENTER	BUSINESS		GOVERNMENT			
REGISTRATION INFORMATIO	<u>N</u> : Please complete all inform	nation requested. Write	"N/A" in a	any space which	does not apply.		
BUSINESS/RESIDENT NAME:_			EMAIL:				
ALARM ADDRESS:			STE/APT NO.:				
CLEARWATER, FL (ZIP CODE)_	BUSINESS PHONI	E:	HOME/CELL PHONE:				
MAILING/BILLING ADDRESS:	SAME AS ABOVE		STE/APT NO.:				
CITY:		STATE:	STATE: ZIP CODE:				
			EMAIL:				
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.							
FOR BUSINESSES ONLY: CITY OF CLEARWATER BUILDING	S PERMIT NO.:	DATE OF FINAL IN:	SPECTION BY	Y BUILDING DEPT.:			
ALARM COMPANY INFORMA	ATION: RESIDENTS AND BUSII	NESSES					
DATE ALARM SYSTEM BECAM	1EOPERATIONAL:						
TYPE OF ALARM (check all tha	at apply) INTRUSION	HOLD-UP PANIC	AUDI	IBLE SILENT	VIDEO		
SERVICING ALARM COMPANY	RVICING ALARM COMPANY NAME:PHONE:						
MONITORING ALARM COMPA	ANY NAME:	E: PHONE:					
EMERGENCY CONTACTS: (List full names and personal information of individuals with keys to respond in case of emergency)							
1. NAME:		OW	NER	MANAGER	EMPLOYEE		
ADDRESS:			IER				
			PHONE (SECONDARY):				
2. NAME:		OW	NER	MANAGER	EMPLOYEE		
ADDRESS:			OTHER				
			PHONE (SECONDARY):				
AUTHORIZATION: PRINT AUTHORIZEDNAME:							
AUTHORIZED SIGNATURE:DATE:					<u> </u>		

This information will only be used by Alarm Unit personnel at Clearwater Police Department to ensure 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, 8:00 a.m. until 4:00 p.m. at 727-562-4450.

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