



SHARP

SHERIFF'S ALARM
REGISTRATION PROGRAM

PINELLAS COUNTY SHERIFF'S OFFICE ALARM REGISTRATION FORM

Office use only

Permit/Registration No. _____ Registration Date: _____

Alarmed Location Information:

Residential Commercial Government School

Do you have video cameras internal or external at this location? If so how many? _____

Name or Business Name: _____

Name of Business or Last Name

First Name

(Applicable for Commercial location only) D/B/A (Doing Business As): _____

Registered Agent: _____

Alarm Location: _____

Street Address

Apartment/Unit/Suite#

City

State

Zip Code

Gate Code

Phone Numbers: _____ / _____

Phone #1

Phone #2

Email: _____

Responsible Billing Party: (Check if same as above)

Name: _____

Last Name

First Name

Address: _____

Street Address

Apartment/Unit/Suite#

City

Suite

Zip Code

Gate Code

Phone Numbers: _____ / _____

Phone #1

Phone #2

Email: _____

Contact Information (List the names and contact numbers of two people, other than the owner, who can respond to an alarm activation):

1st Contact Name: _____

Last Name

First Name

Phone #1

Phone #2

2nd Contact Name: _____

Last Name

First Name

Phone #1

Phone #2

Alarm Company:

Alarm Monitored Unmonitored Monitoring Company: _____

Special Conditions (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.):

Signee agrees to register the above alarm on an annual basis and update any information that changes prior to the annual renewal date.

Signature

Date

For more information, call (727)582-2870 or email sharp@pcsonet.com

Complete this form and fax to (727)582-6931 or mail to: SHARP

**Pinellas County Sheriff's Office
P.O. Box 2500
Largo, FL 33779**