

Alarm Reduction Unit
P. O. Box 1210
Gainesville, FL 32602



**FALSE
ALARM
PERMIT**

**YEARLY
REGISTRATION
\$15.00**

Phone 352.264.6650
Fax 352.264.6691

RESIDENTIAL & BUSINESS ALARM PERMIT REGISTRATION

APPLICANT

Name - First	Middle	Last	Date of Birth (mmddyyyy)
Address			City/Zip/State

INFORMATION

Premise Phone #	Cell Phone
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If owners Residence/Business billing address is different or out of state, please complete the following.

Billing address if different from above	
Owner Home () -	Work () - Ext.
Contact Cell () -	Pager () -
Numbers	

KEY HOLDERS

Three local key holders are required as part of this alarm registration. Please do not list your alarm company, realtor, the Police/Sheriff's department, owner's out-of-state numbers, etc. The key holders required are local citizens, caretakers and/or property maintenance staff who hold a key and are available to be called upon to meet the law enforcement at the residence if the alarm should be activated. This is for purposes of an interior search of the home or business.

1st to Contact	Name	Home/Cell () -	Work Phone () -	Ext.
2nd to Contact	Name	Home/Cell () -	Work Phone () -	Ext.
3rd to Contact	Name	Home/Cell () -	Work Phone () -	Ext.

CONTRACTING COMPANY PHONE MONITORING COMPANY PHONE

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DIRECTIONS TO THE RESIDENCE (Space for this is provided on separate page.)

When completing directions to your home/business, please give directions starting from a major roadway. You must also include a detailed description of your home (color, trim, number of floors, etc.) and include a description of any outbuildings and/or distinctive landscaping. Please make sure your 911 address is posted in a visible location.

Gate Code:

Hazardous/Dangers on the premise:

For additional information or assistance, our office hours are 08:30 AM to 5:00 PM Monday thru Friday. Copies of either ordinance may be obtained from our office/website @ www.alachuasheriff.org.

Date	Signature of Property Owner/Lessee
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