



**CITY OF WEST MELBOURNE**  
**ALARM USER PERMIT REGISTRATION**  
**West Melbourne Police Department**  
 2290 Minton Rd. West Melbourne, Florida 32904  
 Tel. (321) 723-9673, Ext 755  
 www.westmelbournepolice.org



Permit# _____
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**A NON-REFUNDABLE \$25.00 PERMIT/REGISTRATION FEE MUST BE SUBMITTED WITH EACH PERMIT/REGISTRATION FORM. PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO "CITY OF WEST MELBOURNE" AND RETURN TO THE ATTENTION OF ALARM ADMINISTRATOR, WEST MELBOURNE POLICE DEPARTMENT.**

**A.) Residential Alarm User Information:** (Residential alarm users, please complete Sections A, B and D through H.)

**Alarm User Name:** \_\_\_\_\_  
First Name Last Name

**Alarm Location:** \_\_\_\_\_  
Street Number Street Prefix Street Name Street Suffix Suite/Apt. No.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Gate Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager Email Address

**B.) Residential and Commercial alarm users must complete:**

**Type of Alarm (check all that apply):** Security  Silent  Audible

**C.) Commercial Alarm User Information:** (Commercial alarm users, please complete Sections B through H.)

\_\_\_\_\_  
Name of Corporation, Sole Proprietor or Partners

\_\_\_\_\_  
Trade Name(s) Used by Business

**Alarm Location:** \_\_\_\_\_  
Street Number Street Prefix Street Name Street Suffix Suite/Apt. No.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Phone Number

**Local Manager:** \_\_\_\_\_  
First Name Last Name

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager Email Address

**D.) Mailing Address:** (If different from Location of Alarm System)

\_\_\_\_\_

**E.) Contact Information:** (List two people who can respond to an alarm activation if the owner/manager is unavailable.)

**1<sup>st</sup> Alternate Contact Name:** \_\_\_\_\_  
First Name Last Name

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager Email Address

**2<sup>nd</sup> Alternate Contact Name:** \_\_\_\_\_  
First Name Last Name

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Cell Phone or Pager Email Address

**F.) Alarm Install/Service Company:** \_\_\_\_\_  
 License No. \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**G.) Alarm Monitoring Company:** \_\_\_\_\_  
 License No. \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all the provisions of the City of West Melbourne Code and with applicable State Laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above premise. I have read the information on West Melbourne's False Alarm Reduction Program. Permit/registration of an alarm system is not intended to, nor will it, create a contract, duty or obligation, either expressed or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By permitting/registering an alarm system, the alarm user acknowledges that police response may be based on factors such as availability of police units, priority of calls, weather conditions, traffic conditions, emergency situations and staffing levels.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**\* Instructions for completion of form on back page**

<b>FOR DEPARTMENT USE ONLY</b>	
CK#	_____
MO#	_____
CASH	_____
AMT \$	_____
DATE	_____

# ***Instructions for Completion of Alarm User Permit/Registration Form***

**Section A** – To be completed by *Residential* alarm users only

**Alarm User Name:** First and last name of the *residential* alarm user. List both spouses, if applicable.

**Alarm Location:** Complete street address, including directional prefixes, where the alarm is located. Indicate the home, work and cell or pager (cell is preferable) numbers of the alarm user, as well as one email address where the alarm user can receive correspondence. If no email address is available, leave blank.

**Section B** – To be completed by both *Residential and Commercial* alarm users.

**Section C** - To be completed by *Commercial* alarm users only.

**First Line:** Indicate the full legal corporate name of the business. If the business is a sole proprietorship or partnership, list the name of the owner or one partner.

**Second Line:** List any trade names used by the business if different from the corporation name, owner or partner's name.

**Alarm Location:** Complete street address, including directional prefixes, where the alarm is located. Indicate the business phone number at the alarmed location.

**Owner or President:** List the first and last name of the president, owner or person responsible on a corporate level for the alarm system at the alarm address. Indicate the home, work and cell or pager (cell is preferable) numbers of the business owner, president or partner, as well as one email address where this person can receive correspondence. If no email address is available, leave blank.

**Local Manager:** List the first and last name, home, work and cell or pager (cell is preferable) numbers and email address for the local manager at the alarm site.

**Section D** – To be completed by both *Residential and commercial* alarm users

**Mailing Address:** Indicate separate mailing address if different from the alarm location.

**Section E** – To be completed by both *Residential and commercial* alarm users

**Contact Information:** Contacts are persons, who should be contacted in the event of an alarm, and who are willing and have agreed to receive notification of an alarm activation at any time, respond to the alarm site within 30 minutes, grant access to the alarm site and deactivate the alarm system if such becomes necessary. Two separate contact persons are required. Provide home, work and cell or pager (cell is preferable) numbers, as well as email addresses of contacts.

**Section F** – To be completed by both *Residential and commercial* alarm users

**Alarm Install/Service Company:** List the name of the company that either installed or services your alarm system. Include the alarm company's license number, contact person and the best phone number to reach this individual. Check your contract or contact your alarm company for the information.

**Section G** – To be completed by both *Residential and commercial* alarm users

**Alarm Monitoring Company:** List the name, license number, contact person and phone number of the company that monitors your alarm system and requests public safety dispatch on your behalf. If same as install or service company, leave blank.

**Section H** – To be completed by both *Residential and commercial* alarm users

**Special Conditions:** Indicate any unusual circumstances that should be considered when responding to an alarm at the permitted alarm address such as: handicapped person(s), guard dog on site, hazardous conditions/materials, security personnel, weapons, directions to alarm site, etc.

**Signature Line:** *A responsible residential alarm user or the president, owner, partner or local manager of a commercial alarm user must sign this form.*