

# ALARM REGISTRATION APPLICATION

ROCKLEDGE POLICE DEPARTMENT  
 123 BARTON BOULEVARD  
 ROCKLEDGE, FLORIDA 32955  
 (321) 690-3988/FAX#(321) 690-3996

REGISTRATION NUMBER:

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WILL BE ASSIGNED BY CITY

**All alarm systems must be registered prior to activation**  
**A noncompliance will result in a \$100.00 fine**

If the alarm system is installed or transferred to another owner or lessor by a licensed contractor, or company, it will be the **SOLE** responsibility of said contractor or company to: (1) Provide the owner or lessee with a copy of the most current City Alarm Ordinance, and an Alarm Registration form; (2) Complete the Alarm Registration Application form; and (3) submit the completed Alarm Registration Application form, along with the registration fee of twenty-five dollars (\$25.00) prior to activation of the system.

Alarm systems that are not monitored by alarm companies or monitoring agencies and were not installed by alarm contractor or alarm companies must re-register the alarm system when ownership or lessor changes.

**Alarm registrations are non-transferable to new owners, lessors or to a new address.**

Alarm System Activation Date:

**Residential Alarm (Print)**

Telephone Numbers

Name(Owner/Lessor):	Home:
Address:	Work:

**Business Alarm (Print)**

Telephone Numbers

Business Name:	Business:
Name(Owner/Lessor):	Home:
Business Address:	

**Emergency Contact Person(s) (Print)**

Telephone Numbers

#	Home:	Work:
#1:		
#2:		
#3:		

**EMERGENCY CONTACT PERSON(S) MUST HAVE ACCESS TO RESIDENCE OR BUSINESS AND KNOW HOW TO DEACTIVATE THE ALARM SYSTEM**

**Installing Contractor & Monitoring Agency (Print)**

Installing Contractor:	Phone:	
Address:		
City:	State:	Zip:
Monitoring Agency:	Phone:	

Owner/Lessors Signature:	Date:
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**I certify that the above alarm system was activated on the date stated above, in the above owners/lessors name, and a copy of the City of Rockledge's Alarm Ordinance was given to the owner/lessor.**

Contractor or Company Representative Signature:	Date:
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