

# Alarm Registration Form



### Alarm User/Owner:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Mailing Address (if different):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

### Additional Emergency Contact:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Building or Premises Served:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Alarm monitored by (if applicable):

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Please fill out the form then press the Print button to print it Then sign and mail along with \$25 permit fee to:

Vero Beach Police Department  
C/O: Alarm Permit Applications  
1055 20th Street  
Vero Beach, Florida 32960

My signature below is confirmation that the information contained in this application for alarm permit is true and correct to the best of my ability. I also agree to promptly pay or lawfully contest any penalties assessed against me for an excessive number of false alarms as described in this division. I further understand that this application is binding upon me, my heirs, and successors in interest.

Alarm User \_\_\_\_\_ Date: \_\_\_\_\_

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Reset Form

Print