



ALARM LOCATION INFORMATION AND REGISTRATION

NAME OF RESIDENCE OR BUSINESS

Alarm Address: (one address only per alarm registration)

Street Number	Street Name	Suite/Apt/Unit#

City	State	Zip Code
CAPE CORAL	FL	

Location Telephone Number	Alternate Phone Number
(239)	()

LOCATION TYPE:

Residence: Single Family Condo Apartment Duplex
 Business: Retail School Church Bank Construction City Federal

OBSTACLES OR HAZARDS (Check all that apply):

Dog(s) Chemicals Firearm(s) Explosives Fenced Compound Gate Code

ALARM TYPE (Check all that apply):

Burglary/Panic Holdup Robbery Fire Audible Silent

Business Hours of Operation	From: <input type="checkbox"/> AM <input type="checkbox"/> PM	To: <input type="checkbox"/> AM <input type="checkbox"/> PM
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Cleaning Crew after hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
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MONITORING AND SERVICING CO(S)	MONITORED BY	SERVICED BY
Company Name		
Street Address		
City, State, Zip		
Phone Number		

RESPONSIBLE KEY-HOLDERS (PERSONS WHO WILL RESPOND TO ALARM WITHIN 30 MINUTES)

	Key Holder 1 (Optional)	Key Holder 2 (Optional)	Security Personnel (Optional)
Name:			
Day Telephone:	()	()	()
Night Telephone:	()	()	()
Cell Phone:	()	()	()

OWNER INFORMATION Same as Alarm Location Information

Street Number	Street Name	Suite/Apt/Unit#

City	State	Zip Code

Day Telephone	Night Telephone	Cell Phone
()	()	()

Please review the information for accuracy, sign, date and return to the City of Cape Coral Police Department, False Alarm Reduction Unit

Applicant's Signature	Date Signed

Must include with registration form a \$25.00 check or money order payable to CITY OF CAPE CORAL