



# ORANGE COUNTY SHERIFF'S OFFICE

## ALARM USER REGISTRATION FORM

Orange County Code Chapter 28, Article 5, False Security Alarms, requires the following information be provided by the alarm user to the Orange County Sheriff's Office. Please complete this form and submit using one of the options listed on the second page of the form.

### ADDRESS WHERE THE ALARM IS LOCATED

Street: \_\_\_\_\_ Suite/Apartment #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Business/Residence: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing or Billing Address if different from above

Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Street: \_\_\_\_\_ Suite/Apartment #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**TYPE OF ALARM:**  Audible  Silent  Panic  Holdup/Burglary  Medic Alert  
(circle all that apply)

Alarm Company Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: Street, City, State, Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ Local Telephone #: \_\_\_\_\_

Monitoring Company Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: City, State, Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ Local Telephone #: \_\_\_\_\_

**EMERGENCY CONTACTS** (at least two) - name and phone numbers of persons who will respond with keys to the business/residence if you are not available, and who is capable of resetting the system and acting as your agent to assist law enforcement at the alarm site.

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Is this a gated community? (circle one)  Yes  No If yes, gate code? \_\_\_\_\_

Are there any dogs inside? (circle one)  Yes  No

Are there any hazardous materials or conditions at the site such as medical waste, radioactive materials, chemical storage, armed security guards, guard dogs, chemical alarms, etc.? (circle one) Yes    No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you and all other key holders been trained in the procedures you must follow when contacted by the monitoring company in reference to an alarm activation? (circle one) Yes No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you been given any false alarm reduction tip sheets or handouts, or any false alarm reduction instructions by your alarm company? (circle one) Yes No

Additional comments or special needs issues we should know about:

Printed Name: \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

### To mail completed form:

OCSO  
False Alarm Reduction Unit  
PO Box 5879  
Winter Park, FL 32793-5879

**To Fax completed form:**

407-836-3914

### To Email completed form:

Faru@ocsofl.com