



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 _____

Have you and all other key holders been thoroughly trained in the operation and maintenance of the alarm system by your alarm company? (circle one) Yes No

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

Signature: _____ Date: _____
mm/dd/yyyy

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