



CITY OF HOLLYWOOD, FLORIDA ALARM REGISTRATION

For Customer Service
Call (954) 921-3246

| |
|---------------------|
| OFFICIAL USE ONLY |
| Alarm Decal # _____ |

PART A: TO BE COMPLETED BY ALARM USER (RESIDENT OR BUSINESS)

1. ALARM USER INFORMATION: (please print clearly)

Name: _____

Address: _____

Phone Numbers Home : _____ Business : _____

Address Where Alarm is Located if different: _____

If Business:

Owner - Name: _____

Owner - Address: _____

Owner Phone Number : _____

2. ALARM CLASSIFICATION Residential Business / Non-Residential

3. ALARM MONITORING COMPANY:

COMPANY: MAXIMUM SECURITY, INC. Phone # (305) 253-5162

4. EMERGENCY CONTACT INFORMATION: (You may provide 3 contacts pursuant to Municipal Code)

| | | |
|------|------|-------|
| Name | City | Phone |
|------|------|-------|

a. _____

b. _____

c. _____

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW: I UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLIANCE WITH ANY CITY OF HOLLYWOOD ORDINANCES PERTAINING TO ALARM REGISTRATION INCLUDING PAYMENT OF ANY FEES, CHARGES, OR FINES PERTAINING TO THIS REGISTRATION. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE INFORMATION HEREIN PROVIDED TO THE CITY OF HOLLYWOOD AND, IN THE CASE OF ANY CHANGES, I MUST FILE AN AMENDED ALARM REGISTRATION WITH THE TREASURY SERVICES DIVISION, ROOM 103, 2600 HOLLYWOOD BOULEVARD.

Alarm User Signature: _____ Date: _____

PART B: TREASURY DIVISION Received by: _____ Date: _____

| Fee (Circle One) | Residential | Business / Non-Residential |
|-----------------------------------|-------------|----------------------------|
| (Oct. 1 to Sept.30th) One Year | \$25.00 | \$35.00 |
| (April 1 to Sept. 30th) Half Year | \$12.50 | \$17.50 |

MAILING ADDRESS for Check and Registration:
City of Hollywood, Attn. Treasury Division, P.O. Box 229045, Hollywood, FL 33022-9045