



Application for Alarm Registration

OFFICIAL USE ONLY
Alarm Registration Number _____
Date _____

Credit Card: MasterCard or Visa - Please check one:

Acct# _____

Expiration Date: _____ Check: _____

Please print or type.
All applicable spaces must be completed.

SECTION I

Name (resident or corporation/business) **Date of Birth**

If corporate/business, president or business owner

Address Apt/Suite Subdivision Zip Code

Telephone (home) (business) (other)

Mailing Address (if different than address above)

Email Address

Alarm Monitoring Company

CENTRAL ALARM CONTROL, INC.

Name 13973 SW 140 ST

Address MIAMI FL 33186

City (305) 238-0800 State Zip Code

Telephone SUPERVISOR ON DUTY

Contact Person

Emergency Contact Information

Names of persons who can be reached at any time of day or night, who are authorized to respond to an alarm signal and who may enter the premises in which the alarm system is installed. One name is required for a residential system; two names are required for non-residential systems.

Name

Address

City State Zip Code

Telephone (home) (business)

Name

Address

City State Zip Code

Telephone (home) (business)

Initial Registration Fee \$25

Note: Annual registration of your alarm is required. Registration is effective January 1 to December 31 of each calendar year. The annual renewal fee is \$25. This renewal fee will be waived if there are no reports of a false alarm during the preceding calendar year.

Alarm system installed by

MAXIMUM SECURITY, INC.

Name 12108 SW 117 CT

Address MIAMI FL 33186

City (305) 253-5162 State Zip Code

Telephone

1. Is the registered location (please check one):

- Commercial
- Single Family
- Duplex
- Triplex
- Multi-family (four or more units)

2. Do you own rent

SECTION II Acknowledgements

This is to certify that:

1. The alarm system has the capacity to prevent false alarms by the use of a backup power supply.
2. Alarm registration stickers issued by the Police Department are non-assignable and are issued and effective only for the registered alarm system and alarm user.
3. Before placing a system into operation, every alarm user shall prominently post the alarm system's registration number at or near the front entrance of the premises so that it is visible from the outside of the structure.
4. Every alarm user registered under this section shall be required to provide the Police Department with any changes in the information required to be submitted on the registration application when such changes occur.
5. The applicant further agrees to hold the City harmless and indemnifies the City for any property damage to the registered location deemed reasonably necessary by the Police or Fire Department in order to respond adequately to an alarm.

*** PLEASE COMPLETE BOTH SIDES OF THIS FORM ***

**SECTION III
POLICE/BURGLAR ALARMS**

This is to certify that:

1. The alarm system annunciator has the capacity to automatically silence within 15 minutes after activation for residential alarms or 30 minutes for commercial alarms; and such alarm system shall not sound again unless a new criminal act or emergency triggers the alarm.

2. This application for alarm registration may be denied or revoked by the Coral Springs Police Department if it is established that the application has any false information contained therein.

A. Is the intrusion alarm

- silent audible

B. Does the alarm have a panic button?

- none silent audible

C. Does the alarm have a medical button?

- none silent audible

D. Does the alarm have a fire button?

- none silent audible

E. Businesses: If there are multiple entrances, which entrance is designated as the "front" entrance?

- north south east west

F. Is this a wireless system?

- yes no

**SECTION IV
FIRE ALARMS ONLY**

This is to certify that:

1. All alarms shall comply with the Florida State Fire Marshal's Uniform Fire Safety Rules 4A-48.

2. Type of alarm (check all that apply)

- local protective
- auxiliary protective
- remote station
- central station
- proprietary
- emergency voice alarm

SECTION V

This is to certify that I have received a copy of the City of Coral Springs Ordinance Numbers 11-1 and 11-2 and that I will be governed by them in regards to the alarm system which is hereby applied for including listed prohibitions, operating standards, operating instructions, false alarms, revocation of registration and penalties.

(For a copy of this ordinance, please go to our website, www.coralssprings.org/alarms and click on Security Alarm Ordinance.

Do not activate your alarm system until you receive your alarm registration identification decal!

Signature of applicant

Date

Note: Annual registration of your alarm is required. Registration is effective January 1 to December 31 of each calendar year. The annual renewal fee is \$25. This renewal fee will be waived if there are no reports of a false alarm during the preceding calendar year.

Please return this form to the Coral Springs Police Department Records Division to receive your alarm decal. Make checks payable to the City of Coral Springs. Please include your telephone number and driver license number on the front of your check.

Mailing address:

**City of Coral Springs Police Department
2801 Coral Springs Drive
Coral Springs, FL 33065
Attn: Records Department - Alarms**

Direct Inquires to:

954-346-1341

Fax #: 954-346-1331