



CITY OF PEMBROKE PINES

Please type or print in
BLOCK CAPITAL LETTERS
clearly inside the box.

ALARM REGISTRATION APPLICATION

(Please print)

Type of Alarm: Residential Business

Name of Registration Holder: [Grid]

Business Name: [Grid]

Name of responsible party:
(If different) [Grid]

Alarm Location:
(Include Building/Apt #)
(Include Suite or Unit #) [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Billing Address:
(if different) [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Email Address: [Grid]

Home Phone: [Grid] Cell Phone: [Grid]

Office Phone: [Grid]

EMERGENCY CONTACTS

Name: [Grid]

Phone #1: [Grid] Phone #2: [Grid]

Name: [Grid]

Phone #1: [Grid] Phone #2: [Grid]

SPECIAL CONDITIONS

In order to ensure the safety of our officers, the public and to enable the Pembroke Pines Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, hazardous substances, etc.)

Comment: [Grid]

ALARM INSTALLATION DETAILS

Alarm Installation Date: [Grid] / [Grid] / [Grid] Alarm Company Phone #: 8 0 0 2 3 8 2 7 2 7

Alarm Installation Company: A D T [Grid]

Address: 1 0 7 8 5 M a r k s w a y M i r a m a r F l 3 3 0 2 5

Monitoring Company:
(if different) A D T [Grid]

Address: [Grid]

Phone #: [Grid]

I do hereby solemnly swear that the above listed information is correct to the best of my knowledge.

Signature: (Owner) _____

Date: [Grid] / [Grid] / [Grid]

"In accordance with the City of Pembroke Pines Code of Ordinance 134.05 Police False Alarms, if you have an alarm system in the City it must be registered. First false alarm No fine, second false alarm Warning notice will be issued and third false alarm or more is \$100.00 each. Civil Penalty for non-registration: \$50."

For Customer Service Call: 1-877-484-7717
Mail this form to:
Pembroke Pines False Alarm Reduction Program
Attn: Enforcement Programs Manager
9500 Pines Boulevard
Pembroke Pines, FL 33024