

TOWN OF DAVIE

Application for Alarm Registration

(Please print or type. All applicable spaces must be complete.)

SECTION I

Name (Resident or Corporation/Business) _____ Date of Birth _____

(If Corporation/Business, president or business owner)

Address _____ Apt/Suite # _____ Zip Code _____

Telephone (Home) _____ (Business) _____

Mailing address (If different than address listed above)

ALARM SYSTEM MONITORED BY

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

EMERGENCY CONTACT INFORMATION

Names of persons who can be reached at any time, 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 (1) required for residential and two (2) required for non-residential alarm systems.)

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (H) _____ (B) _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (H) _____ (B) _____

ALARM SYSTEM INSTALLED/SERVICED BY

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ State License _____

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

- Commercial Single Family Duplex
 Triplex Multi-Family (4 or more Units)

2. Do you

- Own Rent

Alarm Registration # _____

Date _____

Initial Registration Fee \$25
Annual Renewal Fee \$10

SECTION II Acknowledgments

This is to certify that:

- The alarm system has the capacity to prevent false alarms by the use of a back-up power supply.
- 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.
- Before placing a system into operation, every alarm user shall prominently post on the premises 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.
- 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.
- Specific authority is hereby granted to enforcement officers responding to an alarm to enter the premises.
- The applicant further agrees to hold the Town harmless and indemnifies the Town 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.

SECTION III Police/Burglar Alarms

This is to certify that:

- The alarm system annunciator has the capacity to automatically silence within 15 minutes for non-commercial alarms or 30 minutes for commercial alarms after activation, and such an alarm system shall not sound again unless a new criminal act or emergency triggers the alarm.
- This application for alarm registration may be denied or revoked by the Town of Davie if it is established that the application has any false information contained therein.
- Is the intrusion alarm silent audible
- Does the alarm have a panic button? none silent audible
- Does the alarm have a medical button? none silent audible
- Does the alarm have a fire button? none silent audible
- Is there a registration number affixed to your premises? yes no
- If business has multiple entrances, which entrance is designated as the "front" entrance? North South East West

SECTION IV Fire Alarms

This is to certify that:

- All alarms shall comply with the Florida State Fire Marshal's Uniform Fire Safety Rules 4A - 48.
- Type of alarm (check all that apply):
 Local Protective Central Station Auxiliary Protective
 Proprietary Remote Station Emergency Voice Alarm

SECTION V

This is to certify that I will be governed by the Town of Davie Ordinance # 96-054, regarding the alarm system which is hereby applied for including listed prohibitions, operating standards, operating instructions, false alarms, revocation of registration and penalties

Signature of Applicant _____

Date _____

Please return this form to the Town of Davie Police Department to receive your alarm decal. Make checks payable to the Town of Davie. Please include your telephone number and driver's license number on the front of your check.

Mailing Address: Davie Police Department
1230 So. Nob Hill Road
Davie, Florida 33324

For Town of Davie Police Department use only below this line.

Registration Sticker issued by _____

Fee _____ Cash Check Money Order

Date _____ Indexed Filed