



## TEMPLE TERRACE POLICE DEPARTMENT ALARM REGISTRATION FORM

*All alarms owned or operated within The City of Temple Terrace are required to be registered by City Ordinance (6.605). Please complete the following form to register your alarm with the Temple Terrace Police Department.*

Type of Premises: \_\_\_\_\_

Name: \_\_\_\_\_

### PHYSICAL ADDRESS OF ALARM

Street Address: \_\_\_\_\_

Apartment or Suite Number: \_\_\_\_\_

City: Temple Terrace State: Florida Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

### BILLING ADDRESS (LEAVE BLANK IF SAME AS PHYSICAL ADDRESS)

Street Address: \_\_\_\_\_

Apartment or Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**EMERGENCY CONTACTS** - Please list at least one person who could respond to your residence or business if you are unable to be reached.

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

### ALARM INFORMATION

Alarm Type: \_\_\_\_\_

Alarm Make: \_\_\_\_\_

Alarm Model: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Alarm Company Phone Number: \_\_\_\_\_