



ALARM MONITORING COMPANY REGISTRATION

COMPANY INFORMATION

COMPANY NAME	
STREET NUMBER, STREET NAME, APT/SUITE/UNIT	
CITY, STATE, ZIP	
PHONE 1	
PHONE 2	
FLORIDA LICENSE NUMBER	
EMAIL ADDRESS	

COMPANY REPRESENTATIVE CONTACT INFORMATION 1 FOR RECEIVING CORRESPONDENCE

FIRST NAME, LAST NAME	
STREET NUMBER, STREET NAME, APT/SUITE/UNIT	
CITY, STATE, ZIP	
PHONE 1	
PHONE 2	
EMAIL ADDRESS	

COMPANY REPRESENTATIVE CONTACT INFORMATION 2 FOR RECEIVING CORRESPONDENCE

FIRST NAME, LAST NAME	
STREET NUMBER, STREET NAME, APT/SUITE/UNIT	
CITY, STATE, ZIP	
PHONE 1	
PHONE 2	
EMAIL ADDRESS	

ALARM VERIFICATION PROCEEDURE

--

Please review the information for accuracy prior to signing, dating and returning to the City of Cape Coral Police Department, False Alarm Reduction Unit

BY SIGNING THIS REGISTRATION FORM YOU ARE CERTIFYING THAT YOU HAVE REVIEWED AND ARE IN FULL COMPLIANCE WITH CITY OF CAPE CORAL ORDINANCE 149-04 AND THAT ALL INFORMATION IS CORRECT AND TRUE TO THE BEST OF YOUR KNOWLEDGE. REGISTRATION VALID FOR THE CALENDAR YEAR.

Applicant's Signature	Date Signed

Must include with registration form a \$125.00 check or money order payable to CITY OF CAPE CORAL