



**ALARM SYSTEM CONTRACTOR REGISTRATION**

**COMPANY INFORMATION**

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

**OWNER INFORMATION**

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

**OWNER REPRESENTATIVE INFORMATION**

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

**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 ALL OF YOUR AGENTS ARE IN COMPLIANCE WITH SECTION 489.518, FLORIDA STATUTES; 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.

<b>Applicant's Signature</b>	<b>Date Signed</b>