

SARASOTA POLICE DEPARTMENT
APPLICATION/RENEWAL FOR ANNUAL PERMIT FOR ALARM SYSTEM

ATTN: Alarm Enforcement Unit
2099 Adams Lane
Sarasota, Florida 34237
Phone: 941-954-7054

DECAL #: _____

NAME OF BUSINESS/RESIDENT: _____

ADDRESS: _____ PHONE #: _____

PERSONS ON CALL WITH AUTHORITY TO ENTER PREMISES:

(City Ordinance requires you to submit two (2) names)

CONTACT #1: _____
Name Address

Home Phone # Business Phone #

CONTACT #2: _____
Name Address

Home Phone # Business Phone #

CONTACT #3: _____
Name Address

Home Phone # Business Phone #

ALARM INFORMATION

Name of Monitoring Company: _____ Phone: _____

Name of Alarm Company: _____ Phone: _____

Date of Activation of Alarm System: _____ Alarm: () Audible () Inaudible

Type of Alarm: () Burglar () Robbery () Panic () Personal Hostage

Signature: _____ Title: _____

Date: _____

Note: Please return completed form to the Alarm Enforcement Unit prior to activation of the alarm system along with permit fee payable to the City of Sarasota. Failure to register your alarm system is a violation of City ordinance. Fee is \$35

Date Received: _____ Date Entered: _____ Entered By: ID# _____

White: Original Yellow: Owner