

CITY OF BARTOW

ALARM USER

NOTICE OF INSTALLATION AND REGISTRATION

Every person who owns, leases, possesses or operates any system within the city, shall notify the enforcement official of the existence of the alarm system prior to placing the said system in service.

ALARM OWNER INFORMATION

The name, address, business and home telephone number of the owner, lessee, operator, manager or person in possession of the premises wherein the alarm system is installed:

Business of Resident Name: _____

Address _____

Business/Home Telephone _____ Work Telephone _____

Type of alarm installed: _____ Audible _____ Burglary _____ Robbery _____ Panic _____ Fire
_____ Smoke _____ Medical _____ Water Flow _____ Other _____

ALARM COMPANY INFORMATION

Name of Alarm Company _____

Alarm Company Address _____

Alarm Company Telephone _____ Date of Installation _____

EMERGENCY REPRESENTATIVE INFORMATION

The name, address and telephone number of at least two persons who are to be notified by the enforcement officer upon activation of the alarm system, who shall be authorized to enter the premises to deactivate an alarm system:

Name _____

Address _____ Telephone _____

Name _____

Address _____ Telephone _____

Name _____

Address _____ Telephone _____

RETURN TO BARTOW POLICE DEPARTMENT

450 N. BROADWAY AVENUE

BARTOW, FLORIDA 33830

(863) 534-5034

ATTENTION: FALSE ALARMS