

CITY OF BARTOW
ALARM REGISTRATION FORM



ALARM USER - NOTICE OF INSTALLATION AND REGISTRATION

Every person who owns, leases, possesses or operates any alarm 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

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

Name or Name of Business: _____

Address: _____

Phone Number: _____

Email Address: _____

Type of Alarm: 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

Please list the **NAME, ADDRESS AND PHONE NUMBER** OF AT LEAST TWO (2) PEOPLE WHO ARE TO BE NOTIFIED BY THE LAW ENFORCEMENT OFFICER UPON ACTIVATION OF THE ALARM SYSTEM, WHO SHALL BE AUTHORIZED TO ENTER THE PREMISES TO DEACTIVATE AN ALARM SYSTEM:

NAME _____

ADDRESS _____ PHONE # _____

NAME _____

ADDRESS _____ PHONE # _____

NAME _____

ADDRESS _____ PHONE # _____

RETURN FORM TO: BARTOW POLICE DEPARTMENT
450 NORTH BROADWAY AVENUE
BARTOW, FLORIDA 33830
OR EMAIL TO: Alarmregistration@cityofbartow.net