



VERO BEACH POLICE DEPARTMENT

Chief David E. Currey

ALARM USER REGISTRATION FORM

City of Vero Beach Code Chapter 34, Emergency Services, Article II, Alarm Systems, requires the following information be provided by the alarm user to the Vero Beach Police Department. Please complete this form and mail to the address below.

Resident/Business Name: _____

If Business, Owner's Name: _____

Street Address: _____ Suite/Apartment #: _____

City, State, Zip Code: _____

Email Address : _____ Telephone # _____

Mailing or Billing Address if different from above

Address: _____

TYPE OF ALARM

(check all that apply)

Audible

Silent

Video

Panic

Holdup/Robbery

Alarm Company Name: _____ License #: _____

Address: City, State, Zip _____

Telephone #: _____ Date Installed: _____

Monitoring Company Name: _____ License #: _____

Address: City, State, Zip _____

Telephone #: _____ Local Telephone #: _____

EMERGENCY CONTACTS: Please list at least two names and phone numbers of persons who will respond with keys to the business or residence if the owner is not available. These persons should be capable of resetting the system and acting as your agent to assist Law Enforcement at the alarm site.

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____

Is this a gated community? (check one) Yes No If yes, gate code? _____

Are there any dogs inside? (check one) Yes No

Are there any hazardous materials or conditions at the site such as medical waste, radioactive materials, chemical storage, armed security guards, guard dogs, chemical alarms, etc.?(check one) Yes No

If yes, please explain:

Have you and all other key holders been thoroughly trained in the operation and maintenance of the alarm system by your alarm company?(check one) Yes No

If no, please explain:

Have you and all other key holders been trained in the procedures you must follow when contacted by the monitoring company in reference to an alarm activation?(check one) Yes No

If no, please explain:

Have you been given any false alarm reduction tip sheets or handouts, or any false alarm reduction instructions by your alarm company?(check one) Yes No

Additional comments or special needs issues:

Name: _____
Last First

Signature: _____ Date: _____
mm/dd/yyyy

FEE SCHEDULE

Mail completed form to:

Vero Beach Police Department
Attn: Alarm Coordinator
1055 20th St.
Vero Beach, FL 32960

If you register during:
Oct 1 - Dec 31: \$30.00
Jan 1 - Mar 31: \$22.50
Apr 1 - Jun 30: \$15.00
Jul 1 - Sep 30: \$7.50

CHECK#: _____

Yearly Renewal - Oct. 1st: \$30.00