ASPD ALARM and / or BUSINESS REGISTRATION

ALL LINES MUST BE PROPERLY FILLED IN OR THIS REGISTRATION WILL BE RETURNED

FAA # _____

"A" _____

City of Altamonte Springs – Police Department
225 Newburyport Avenue Altamonte Springs, FL 32701
Alarm Coordinator: (407) 571-8208 Fax: (407) 571-8209

Business

Date You Opened for Business _____ / _____ / _____

Name _____ Phone ( ) _____

Address _____ Fax ( ) _____

City, State Zip _____ E-Mail Address _____

Mailing Address (If different): _____

Name / Address / Phone

of Business Owner or

Corporate Office

Name _____

Address _____

City _____ State _____ Zip _____

Phone ( ) _____

Do You Have a Security System?

☐ Yes ☐ No

Date System Was Installed?

_____ / _____ / _____

Alarm Company's Name _____

Address _____

City _____ State _____ Zip _____

Phone ( ) _____

IN THE EVENT OF AN EMERGENCY, FOR WEEKENDS OR AFTER BUSINESS HOURS, PROVIDE ASPD, ***IN ORDER OF PRIORITY,*** NAMES AND NUMBERS OF THREE (3) ***LOCAL*** CONTACTS WHO CAN BE CALLED IN CASE OF ALARM OR OTHER EMERGENCY:

Print Name _____ Phone ( ) _____

Print Name _____ Phone ( ) _____

Print Name _____ Phone ( ) _____

I UNDERSTAND THAT PURSUANT TO CHAPTER 5 OF THE CITY CODE OF ALTAMONTE SPRINGS, I AM RESPONSIBLE FOR ALL SERVICE FEES CHARGED FOR FALSE ALARMS AND FOR ALL COSTS AND ATTORNEY'S FEES INCURRED BY THE CITY IN COLLECTING THEM.

I AGREE THAT WHEN I VACATE THESE PREMISES, OR WHEN THIS FORM IS, FOR ANY REASON, NO LONGER VALID, I WILL IMMEDIATELY NOTIFY, IN WRITING, THE ALTAMONTE SPRINGS POLICE DEPARTMENT.

I UNDERSTAND THAT I WILL CONTINUE TO BE RESPONSIBLE FOR ALL SERVICE FEES FOR FALSE ALARMS AND ALL ATTORNEY'S FEES AND COSTS, FOR THESE PREMISES UNTIL THE ALTAMONTE SPRINGS POLICE DEPARTMENT HAS… (1) A NEW REGISTRATION FORM ON-FILE, OR (2) BEEN NOTIFIED THAT THE SECURITY / ALARM SYSTEM AT THESE PREMISES HAS BEEN: ☐ DISCONNECTED – OR - ☐ REMOVED.

_____
Authorized Signature

Title ☐ Home Owner ☐ Resident ☐ Business Owner ☐ Business Manager ☐ Other

_____
"Print" Name of Signature Above

Today's Date _____ / _____ / _____