



**CITY OF WEST MELBOURNE
RESIDENTIAL ALARM USER PERMIT
REGISTRATION**
West Melbourne Police Department
2290 Minton Rd, West Melbourne, Florida 32904
(321) 723-9673



Permit#

Registration is required.

Type of Alarm: Silent Audible

A.) Residential Alarm User Information:

Alarm User Name: _____
First Name Last Name

Alarm Location: _____
Street name and apartment number, if applicable

City _____ State _____ Zip Code _____ Gate Code _____
 (____) _____ (____) _____ (____) _____
Home Phone Work Phone Cell Phone Email Address

B.) Mailing Address: (Complete this section ONLY if different from Location of Alarm System)

C.) Contact Information: (List two people who can respond to an alarm activation if the owner/manager is unavailable.)

1st Alternate Contact Name: _____
First Name Last Name
 (____) _____ (____) _____ (____) _____
Home Phone Work Phone Cell Phone Email Address

2nd Alternate Contact Name: _____
First Name Last Name
 (____) _____ (____) _____ (____) _____
Home Phone Work Phone Cell Phone Email Address

D.) Alarm Monitoring Company: _____

Contact Person (if applicable): _____ **Phone** (____) _____

E.) Special Conditions: (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all the provisions of the City of West Melbourne Code and with applicable State Laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above premise. I have read the information on West Melbourne's False Alarm Reduction Program. Permit/registration of an alarm system is not intended to, nor will it, create a contract, duty or obligation, either expressed or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By permitting/registering an alarm system, the alarm user acknowledges that police response may be based on factors such as availability of police units, priority of calls, weather conditions, traffic conditions, emergency situations and staffing levels.

Date: _____ Signature: _____

***Instructions for completing the form are on the back page**

Instructions for Completion of Alarm User Permit/Registration Form

Section A

Alarm User Name: First and last name of the residential alarm user. List both spouses, if applicable.

Alarm Location: Complete street address, including directional prefixes, where the alarm is located. Indicate the home, work and cell numbers of the alarm user, as well as one email address where the alarm user can receive correspondence. If no email address is available, leave blank.

Section B –

Mailing Address: Indicate separate mailing address if different from the alarm location.

Section C

Contact Information: Contacts are persons who should be contacted in the event of an alarm, and who are willing and have agreed to receive notification of an alarm activation at any time, respond to the alarm site within 30 minutes, grant access to the alarm site and deactivate the alarm system if such becomes necessary. Two separate contact persons are required. Provide home, work and cell numbers, as well as email addresses of contacts.

Section D

Alarm Monitoring Company: List the name, contact person (if applicable) and phone number of the company that monitors your alarm system and requests public safety dispatch on your behalf.

Section E

Special Conditions: Indicate any unusual circumstances that should be considered when responding to an alarm at the permitted alarm address such as: handicapped person(s), guard dog on site, hazardous conditions/materials, security personnel, weapons, directions to alarm site, etc.

Signature Line: *A responsible residential alarm user or owner must sign this form.*