

# Wilton Manors Police Department

Permit/Registration No.

Office of the Alarm Administrator  
2020 Wilton Drive, Wilton Manors, FL 33305  
(954) 390-2150

A NON-REFUNDABLE REGISTRATION FEE OF \$25.00 IS REQUIRED FOR THE INITIAL REGISTRATION. A FEE OF \$25.00 IS REQUIRED FOR ANNUAL RENEWALS, BY THE DAY AND MONTH OF WHICH THE ALARM PERMIT WAS ISSUED. THE RENEWAL FEE SHALL BE WAIVED IF THERE ARE NO REPORTS OF A FALSE ALARM FOR THE USER DURING THE PRECEDING PERMIT YEAR. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE CITY OF WILTON MANORS.

**Type of Alarm: (check all that apply)**    /  / Burglar    /  / Panic    /  / Robbery/Holdup    /  / Other: \_\_\_\_\_

## A. Alarm User Information:

### Alarm Location:

\_\_\_\_\_  
Street Number                      Street Name                      Suite/Apt No.  
\_\_\_\_\_  
City                      State                      Zip Code                      Gate Code (if applicable)

### Name of Resident: (for Residential Alarms ONLY)

\_\_\_\_\_  
First Name                      Last Name  
\_\_\_\_\_  
Home Phone                      Work Phone                      Cell Phone                      Email Address

### Name of Business: (for Non-Residential Alarms ONLY)

\_\_\_\_\_  
Business Name                      Business Phone Number

### Owner of Business:

\_\_\_\_\_  
First Name                      Last Name                      Corporation Name  
\_\_\_\_\_  
Home Phone                      Work Phone                      Cell Phone                      Email Address

### B. Mailing Address: (If different from Location of Alarm System)

\_\_\_\_\_

### C. Contact Information: (List two people, other than the owner, who can respond to an alarm activation.)

#### 1st Contact Name:

\_\_\_\_\_  
First Name                      Last Name                      Relationship  
\_\_\_\_\_  
Home Phone                      Work Phone                      Cell Phone                      Email Address

#### 2nd Contact Name:

\_\_\_\_\_  
First Name                      Last Name                      Relationship  
\_\_\_\_\_  
Home Phone                      Work Phone                      Cell Phone                      Email Address

### D. Alarm Company:

\_\_\_\_\_

License No. \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### E. Special Conditions: (List any hazardous conditions/materials, guard dogs, security personnel, weapons, etc.)

\_\_\_\_\_

### F. Property Owner: (If different from Alarm User in Section A. above)

\_\_\_\_\_  
Name                      Contact Phone

I hereby agree to comply with all the provisions of the "Alarm Systems Ordinance" of the City of Wilton Manors and applicable State Laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system serving the above premise. By registering an alarm system, I acknowledge 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.

DEPARTMENT USE ONLY  
CK # \_\_\_\_\_  
MO# \_\_\_\_\_  
AMT \$ \_\_\_\_\_  
DATE \_\_\_\_\_  
Location Type \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

WMPD-0084

Rev. 02/01/10