



# ALARM LOCATION INFORMATION AND REGISTRATION

## NAME OF RESIDENCE OR BUSINESS

Alarm Address: (one address only per alarm registration)

Street Number	Street Name	Suite/Apt/Unit#
City	State	Zip Code
CAPE CORAL	FL	
Location Telephone Number	Alternate Phone Number	
( 239 )	(      )	

## LOCATION TYPE:

Residence: ☐ Single Family ☐ Condo ☐ Apartment ☐ Duplex  
Business: ☐ Retail ☐ School ☐ Church ☐ Bank ☐ Construction ☐ City ☐ Federal

## OBSTACLES OR HAZARDS (Check all that apply):

☐ Dog(s) ☐ Chemicals ☐ Firearm(s) ☐ Explosives ☐ Fenced Compound ☐ Gate Code

## ALARM TYPE (Check all that apply):

☐ Burglary/Panic ☐ Holdup ☐ Robbery ☐ Fire ☐ Audible ☐ Silent

Business Hours of Operation	From: <input type="checkbox"/> AM <input type="checkbox"/> PM	To: <input type="checkbox"/> AM <input type="checkbox"/> PM
Cleaning Crew after hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MONITORING AND SERVICING CO(S)	MONITORED BY	SERVICED BY
Company Name		
Street Address		
City, State, Zip		
Phone Number		

## RESPONSIBLE KEY-HOLDERS (PERSONS WHO WILL RESPOND TO ALARM WITHIN 30 MINUTES)

	Key Holder 1 (Optional)	Key Holder 2 (Optional)	Security Personnel (Optional)
Name:			
Day Telephone:	(      )	(      )	(      )
Night Telephone:	(      )	(      )	(      )
Cell Phone:	(      )	(      )	(      )

## OWNER INFORMATION

☐ Same as Alarm Location Information

Street Number	Street Name	Suite/Apt/Unit#
City	State	Zip Code
Day Telephone	Night Telephone	Cell Phone
(      )	(      )	(      )

Please review the information for accuracy, sign, date and return to the  
City of Cape Coral Police Department, False Alarm Reduction Unit

Applicant's Signature	Date Signed

**Must include with registration form a \$25.00 check or money order payable to CITY OF CAPE CORAL**