



Edgewood Police Department Alarm System Registration Form

In accordance with City of Edgewood Ordinance 2003-08, the following information is needed in case an alarm system malfunctions and inadvertently activates.

Primary Contact Information			
Residential:		Commercial:	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Work Phone		Work Phone	
Other Phone		Other Phone	
Email Address		Email Address	

Additional Contact Information			
Names & contact information of at least two (2) persons to be notified in the event of alarm activation.			
Name		Phone	
Address		Email Address	
Name		Phone	
Address		Email Address	
Name		Phone	
Address		Email Address	

Alarm Information			
Alarm Make & Model:		Alarm Type (Silent / Audible):	
Installer:		Phone	
Address		Email Address	
Monitored By:		Phone	
Address		Email Address	

Statement: I authorize the Edgewood Police Department to notify the alarm company to come and rectify any problem in the event I cannot be reached or respond to take care of a problem, and I will be responsible for any/all payments due the alarm company for their services. If there is no alarm company responsible, I have read and fully understand Ordinance 2003-08 and will be responsible for all fines due the City of Edgewood.

Signature _____

Date _____

When complete, please email to police.inquiry@edgewood-fl.gov or Fax to 407-851-0604
You may also hand deliver to: 5565 S. Orange Ave., Edgewood, FL 32809