



**Lee County Sheriff's Office  
False Alarm Reduction Unit**  
14750 Six Mile Cypress Pkwy. Fort Myers, 33912 (239) 477-1244

**ALARM USER REGISTRATION**

**ALARM LOCATION INFORMATION (Please Print Clearly)**

Name of Residence or Business (name alarm company uses for dispatch) \_\_\_\_\_ ( ) \_\_\_\_\_  
Location Telephone Number

Alarm Address: \_\_\_\_\_  
(one address only) Street Number (N, S, E, W) Street Name Suite/Apt/Unit #  
City Zip Code

**LOCATION TYPE**  Residence:  Business:  Normal Hours  Cleaning Crew

**OBSTACLES OR HAZARDS**

Dog(s) \_\_\_\_\_ Chemicals \_\_\_\_\_ Firearms \_\_\_\_\_ Explosives \_\_\_\_\_ Fenced Compound \_\_\_\_\_ Gate Code \_\_\_\_\_

**RESPONSIBLE KEY-HOLDERS** 2 other responsible persons who will respond to alarm & assist Sheriff's Office determine alarm cause & secure premises

	Keyholder 1	Keyholder 2	Security Personnel
Name:	_____	_____	_____
Day Telephone:	( ) _____	( ) _____	( ) _____
Night/Cell Phone:	( ) _____	( ) _____	( ) _____

**OWNER MAILING INFORMATION**

Attn: \_\_\_\_\_ Part-Time Resident? Yes \_\_\_\_\_ No \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Alternate Phone Alt. Cell

**ALARM COMPANY AND/OR MONITORING COMPANY**

	Alarm Installation/Service Company	Alarm Monitoring Company
Company Name:	_____	_____
Phone Number:	( ) _____	( ) _____
Email:	_____	_____

**ALARM TYPE (check all that apply)**

Burglary \_\_\_\_\_ Panic \_\_\_\_\_ Audible \_\_\_\_\_ Silent \_\_\_\_\_ Holdup \_\_\_\_\_ Robbery \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Must include \$25 check or money order payable to LCSO