SHARP
SHERIFF'S ALARM REGISTRATION PROGRAM

PINELLAS COUNTY SHERIFF'S OFFICE
ALARM REGISTRATION FORM

Office use only:
Permit/Registration No._____ Registration Date:_____

Alarmed Location Information:

Residential ☐ Commercial ☐ Government ☐ School ☐

Name or Business Name: _____
Name of Business or Last Name First Name

Alarm Location: _____
Street Address Apartment/Unit/Suite #

_____
City State Zip Code Gate Code

Phone Numbers: _____
Phone #1 Phone #2

Email: _____

Responsible Billing Party: ☐ (Check if same as above.)

Name: _____
Last Name First Name

Address: _____
Street Address Apartment/Unit/Suite #

_____
City State Zip Code Gate Code

Phone Numbers: _____
Phone #1 Phone #2

Email: _____

Contact Information: (List the names and contact numbers of two people, other than the owner, who can respond to an alarm activation)

1st Contact Name: _____
Last Name First Name

_____
Phone #1 Phone #2

2nd Contact Name: _____
Last Name First Name

_____
Phone #1 Phone #2

Alarm Company:

Alarm Monitored ☐ Unmonitored ☐ Monitoring Company: _____

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

_____

_____

_____

Signee agrees to register the above alarm on an annual basis and update any information that changes prior to the annual renewal date.

_____
Signature Date

For further information, please call (727) 582-2870 or email sharp@pcsonet.com.