

PLEASE COMPLETE
AND RETURN

Sarasota County Sheriff's Office

RESIDENTIAL ALARM USER - EMERGENCY CONTACT FORM

NEW REGISTRATION _____ UPDATE _____

COMPLETE AND MAIL TO: SARASOTA COUNTY SHERIFF'S OFFICE
CRIME PREVENTION/ALARMS SECTION
P.O. BOX 4115
SARASOTA, FL 34230-4115
(941) 861-4084 FAX (941) 927-4191

RESIDENT NAME _____

ADDRESS _____ UNIT# _____

CITY _____ STATE _____ ZIP _____

HOME# _____ CELL# _____ BUSINESS# _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

ALARM COMPANY _____

County Ordinance #97-115, mandates that the Sheriff's Office must be provided with two (2) key holders in households separate from the address of the alarm location. This information must be supplied in full prior to activating the alarm system. In the case that an actual break-in or damage to the property has occurred, the contact people would be notified and asked to respond to secure the premises. (Contacts must be able to respond within thirty (30) minutes).

#1 LOCAL CONTACT - NAME _____

HOME# _____ CELL# _____ BUSINESS# _____

#2 LOCAL CONTACT - NAME _____

HOME# _____ CELL# _____ BUSINESS# _____

#3 LOCAL CONTACT - NAME _____

HOME# _____ CELL# _____ BUSINESS# _____

DECAL NUMBER _____

The decal number will be assigned after this form is completed and returned to the Sheriff's Office