

**PLEASE COMPLETE  
AND RETURN**

**Sarasota County Sheriff's Office**

**BUSINESS  
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

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ UNIT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

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*