

**Sarasota Police Department
False Alarm Reduction Program**

PO Box 2754

Sarasota, FL 34230

Phone: 941-893-2650

Email: sarasotafl@citysupport.org



- Annual Permit \$35 Account # _____
- Update Information

INSTRUCTIONS: Print legibly or type. A separate application must be completed for each address to be permitted. Please attach the non-refundable payment (check or money order) and return to the address shown at the top of this form. You may also register, update your registration information, or submit your payment online at <https://www.sarasotapd.org/about-us/false-alarm-reduction-program>.



1 Alarmed Location

Occupant Name or Business Name _____

Address _____ Suite/Apt# _____

Sarasota FL _____

City State Zip Phone Number Email Address

2 Responsible Party (must be a person)

Name _____ Main _____

Home _____

Cell _____

Address _____ Other _____

City State Zip

3 Contact Names

Contact 1

Name/Address _____ Main _____

Other _____

Contact 2

Name/Address _____ Main _____

Other _____

4 Additional Information

Special Conditions/Hazards _____

5 Alarm Company Not Monitored

System Type: Burglary Robbery Emergency Fire Other

Date Installed/Activated _____

Monitored By _____ Main _____

Name _____ Other _____

Address _____

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the City Ordinance. I accept responsibility for payment of all fees and fines that may result from the operations of the alarm system servicing the above premises.

Signature (Permit Holder) _____ Printed Name _____ Date _____