



CITY OF TAMPA

**ALARM USER ANNUAL REGISTRATION FORM**

**INSTRUCTIONS:** Complete this form and mail or fax it to:  
City of Tampa, Attn: A/R & Billing - Police False Alarms  
306 E. Jackson St., 050A7E, Tampa, FL 33602  
Fax Number (813) 274-8587

**REGISTRATION NUMBER**

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**CITY USE ONLY**

**ADDRESS WHERE THE ALARM IS LOCATED**

Address (including zip code):	Suite or apartment number:

**NAME OF BUSINESS OR HOMEOWNER**

Business:	Homeowner:

**TELEPHONE NUMBERS OF ALARM USER**

Home Phone:	Work Phone:	Cellular or Pager:

**MAILING OR BILLING ADDRESS IF DIFFERENT THAN ABOVE**

Name:	Address (including zip code):

**IF BUSINESS, RESPONSIBLE PERSON'S COMPLETE NAME, ADDRESS AND TELEPHONE NUMBERS**

Name:	Address (including zip code):	
Home Phone:	Work Phone:	Cellular or Pager:

**ALARM COMPANY INSTALLING THE SYSTEM**

Name:	Address:	Telephone:

**ALARM COMPANY MONITORING THE SYSTEM IF DIFFERENT THAN ABOVE**

Name:	Address:	Telephone:

**LIST PEOPLE TO CONTACT WHO WILL RESPOND IF YOU ARE NOT AVAILABLE**

Name:	Home Phone:	Work Phone:	Cellular or Pager:
Name:	Home Phone:	Work Phone:	Cellular or Pager:
Name:	Home Phone:	Work Phone:	Cellular or Pager: