



# CITY OF HOLLYWOOD, FLORIDA ALARM REGISTRATION

**For Customer Service  
Call (954) 921-3246**

OFFICIAL USE ONLY
Alarm Decal # _____

**PART A: TO BE COMPLETED BY ALARM USER (RESIDENT OR BUSINESS)**

**1. ALARM USER INFORMATION:** (please print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers Home : \_\_\_\_\_ Business : \_\_\_\_\_

Address Where Alarm is Located if different: \_\_\_\_\_

**If Business:**

Owner - Name: \_\_\_\_\_

Owner - Address: \_\_\_\_\_

Owner Phone Number : \_\_\_\_\_

**2. ALARM CLASSIFICATION**       Residential       Business / Non-Residential

**3. ALARM MONITORING COMPANY:**

COMPANY: \_\_\_\_\_ Phone # \_\_\_\_\_

**4. EMERGENCY CONTACT INFORMATION:** (You may provide 3 contacts pursuant to Municipal Code)

Name	City	Phone
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a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:** I UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLIANCE WITH ANY CITY OF HOLLYWOOD ORDINANCES PERTAINING TO ALARM REGISTRATION INCLUDING PAYMENT OF ANY FEES, CHARGES, OR FINES PERTAINING TO THIS REGISTRATION. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE INFORMATION HEREIN PROVIDED TO THE CITY OF HOLLYWOOD AND, IN THE CASE OF ANY CHANGES, I MUST FILE AN AMENDED ALARM REGISTRATION WITH THE TREASURY SERVICES DIVISION, ROOM 103, 2600 HOLLYWOOD BOULEVARD.

Alarm User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B: TREASURY DIVISION** Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee (Circle One)	Residential	Business / Non-Residential
(Oct. 1 to Sept.30th) One Year	\$29.00	\$42.00
(April 1 to Sept. 30th) Half Year	\$14.50	\$21.00

**MAILING ADDRESS for Check and Registration:  
City of Hollywood, Attn. Treasury Division, P.O. Box 229045, Hollywood, FL 33022 9045**