



TEMPLE TERRACE POLICE DEPARTMENT ALARM REGISTRATION FORM

All alarms owned or operated within the City of Temple Terrace are required to be registered under City Ordinance (6.605). Please print out the following form, complete, and return to the Temple Terrace Police Department, ATTN: Alarm Registration, 11250 N. 56th St., Temple Terrace, FL 33617.

Type of Premises (business or residential): _____

Your Name: _____

PHYSICAL ADDRESS OF ALARM

Street Address: _____

Apartment or Suite No.: _____

City: Temple Terrace State: Florida Zip Code: _____

Home Phone: _____ Work Phone: _____ Alt. Phone: _____

BILLING ADDRESS (Leave blank if same as physical address)

Street Address: _____

Apartment or Suite No.: _____

City: Temple Terrace State: Florida Zip Code: _____

EMERGENCY CONTACTS – Please list at least one person who could respond to your residence or business if you are unable to be reached.

Name: _____

Home Phone: _____ Work Phone: _____ Alt. Phone: _____

Name: _____

Home Phone: _____ Work Phone: _____ Alt. Phone: _____

Please scroll down

Name: _____

Home Phone: _____ Work Phone: _____ Alt. Phone: _____

ALARM INFORMATION:

Alarm Type: _____

Alarm Make: _____

Alarm Model: _____

Alarm Company: _____

Alarm Company Phone Number: _____

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