



# SHARP

SHERIFF'S ALARM  
REGISTRATION PROGRAM

## PINELLAS COUNTY SHERIFF'S OFFICE ALARM REGISTRATION FORM

Office use only:

Permit/Registration No. \_\_\_\_\_ Registration Date: \_\_\_\_\_

**Alarmed Location Information:**

Residential  Commercial  Government  School

Name or Business Name: \_\_\_\_\_

Alarm Location: \_\_\_\_\_  
Name of Business or Last Name First Name  
Street Address Apartment/Unit/Suite #

Phone Numbers: \_\_\_\_\_  
City State Zip Code Gate Code  
Phone #1 Phone #2

Email: \_\_\_\_\_

**Responsible Billing Party:**  (Check if same as above.)

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street Address Apartment/Unit/Suite #  
City State Zip Code Gate Code

Phone Numbers: \_\_\_\_\_  
Phone #1 Phone #2

Email: \_\_\_\_\_

**Contact Information:** (List the names and contact numbers of two people, other than the owner, who can respond to an alarm activation)

1<sup>st</sup> Contact Name: \_\_\_\_\_  
Last Name First Name  
Phone #1 Phone #2

2<sup>nd</sup> Contact Name: \_\_\_\_\_  
Last Name First Name  
Phone #1 Phone #2

**Alarm Company:**

Alarm Monitored  Unmonitored  Monitoring Company: \_\_\_\_\_

Special Conditions: (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signee agrees to register the above alarm on an annual basis and update any information that changes prior to the annual renewal date.

\_\_\_\_\_  
Signature Date

For further information, please call (727) 582-2870 or email [sharp@pcsonet.com](mailto:sharp@pcsonet.com).