



CITY OF
INDIAN HARBOUR BEACH

Annual Alarm Registration

Alarm #: _____

Date: _____

☐ Business ☐ Residence

Registrant Information

Name: _____

Alarm Location Address: _____

Mailing Address (if different): _____

Email: _____

Cell Phone: _____

Person in Charge of Alarm Premises *(if different than above)*

Name: _____

Alarm Location Address: _____

Mailing Address: _____

Email: _____

Cell Phone: _____

Type of Alarm

☐ Burglary ☐ Fire ☐ Both

Monitoring Company

Company Name: _____

Phone Number: _____

Emergency Contacts *(3 Local Contacts Required)*

1. Name (This one must be local): _____

Phone: _____

2. Name: _____

Phone: _____

3. Name: _____

Phone: _____

For more information about the City's alarm permit code or other City Ordinances, please visit the City Clerk's Office section on the City's website: www.indianharbourbeach.gov

Please submit completed application to Linda Johnson at ljohnson@indianharbourbeach.gov