



CITY OF  
**INDIAN HARBOUR BEACH**

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**Annual Alarm Registration**

Alarm #: \_\_\_\_\_

Date: \_\_\_\_\_

Business       Residence

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**Registrant Information**

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

Alarm Location Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

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

Alarm Location Address: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

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**Type of Alarm**

Burglary       Fire       Both

**Monitoring Company**

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

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

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**Emergency Contacts (3 Local Contacts Required)**

1. Name (This one must be local): \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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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](http://www.indianharbourbeach.gov)

Please submit completed application to Linda Johnson at [ljohnson@indianharbourbeach.gov](mailto:ljohnson@indianharbourbeach.gov)