



CITY of MIAMI GARDENS CODE ENFORCEMENT ALARM REGISTRATION FORM

1515 N.W. 167 Street, Building 5,
Miami Gardens, Florida 33169
Phone Number 305-622-8020 Fax Number 305-622-8855

**Application Fee
\$35.00**

New Application	<input type="checkbox"/>	Building Permit #	Installer License #
Name of Business:	<input type="checkbox"/>	Address	Address
Name of Resident:	<input type="checkbox"/>	Address	Address

LOCATION OF ALARM (Class: Residential <input type="checkbox"/> Business <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/>)			
Owner/User:		Address:	
Day Ph#	Evening Ph#	Alternate Ph#	
Mailing Address:			
City:	State:	Zip Code:	Province:
LANDLORD INFORMATION			
Name:		Phone:	
Address:	City:	State	Zip:
INDIVIDUAL(S) ABLE AND AUTHORIZED TO ENTER PREMISES & DEACTIVATE THE ALARM			
Name:	Address	Ph#	Alt.#
Name:	Address	Ph#	Alt.#
YOU MUST NOTIFY YOUR ALARM COMPANY OF THE VALID REGISTRATION NUMBER			
Alarm Co. That installed System:		Permit#	Date:
Alarm Co. Servicing Alarm System:		Ph#	
Alarm Co. Monitoring Alarm System:		Ph#	
Do You Have A Back-Up Power Supply:	Y	N	
Do You Have A Ten / Fifteen Min. Cut Off:	Y	N	

Signature of Registrant _____

Date _____