



**Lee County Sheriff's Office
False Alarm Reduction Unit**
14750 Six Mile Cypress Pkwy. Fort Myers, 33912 (239) 477-1249

ALARM USER APPLICATION

ALARM LOCATION INFORMATION (Please Print Clearly)

Name of Residence or Business (name alarm company uses for dispatch) _____ () _____
Location Telephone Number

Email Address: _____

Alarm Address: _____
(one address only) Street Number (N, S, E, W) Street Name Suite/Apt/Unit #
City: _____

Directions: _____

LOCATION TYPE Residence: Business: Normal Hours Cleaning Crew

OBSTACLES OR HAZARDS

Dog(s) _____ Chemicals _____ Firearms _____ Explosives _____ Fenced Compound _____ Gate Code _____

RESPONSIBLE KEY-HOLDERS 2 other responsible persons who will respond to alarm & assist Sheriff's Office determine alarm cause & secure premises

	Keyholder 1	Keyholder 2	Security Personnel
Name:	_____	_____	_____
Day Telephone:	() _____	() _____	() _____
Night/Cell Phone:	() _____	() _____	() _____
Email:	_____	_____	_____

OWNER MAILING INFORMATION

Attn: _____ Part-Time Resident? Yes _____ No _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Owner: _____ () _____ () _____
Alternate Phone Alt. Cell

ALARM COMPANY AND/OR MONITORING COMPANY

	Alarm Installation/Service Company	Alarm Monitoring Company
Company Name:	_____	_____
Phone Number:	() _____	() _____
Email:	_____	_____

ALARM TYPE (check all that apply)

Burglary _____ Panic _____ Audible _____ Silent _____ Holdup _____ Robbery _____

Applicant Signature _____ Date _____ Must include \$25 check or money order payable to LCSO

LCSO Use Only: Permit Number _____ Date Issued _____ Amount Paid _____