Town of Cutler Bay, Florida
10720 Caribbean Blvd., Suite 105, Cutler Bay, Florida 33189
TEL: 305-234-4262 / FAX: 305-234-4251
email: info@cutlerbay-fl.gov

Burglar Alarm Registration

Pursuant to Ordinance 06-28, as amended, all Burglar Alarm Systems which operate at any premises located within the Town shall be registered with the Town by the Alarm User. The Alarm User shall complete and submit to the Town a registration for each Burglar Alarm System, together with the appropriate Registration Fee of $25.00, which shall be pro-rated if the **initial** registration occurs after January of a given registration period (pro-ration does not apply to alarms that **should** have been registered January 1st but failed to do so. In that case, the full $25.00 fee shall be assessed).

Renewal occurs January 1st of each year. If there are no False Alarms within the previous registration period, the renewal fee is waived. If there have been one or more False Alarms within the previous registration period, a renewal fee of $25.00 shall be assessed. A new registration fee shall be necessary upon change in Alarm User. Failure to register a Burglar Alarm System shall constitute a violation of this Ordinance.

Please make checks payable to: **Town of Cutler Bay** FOLIO No. 36- _____

☐ Residential
☐ Commercial

Please circle one:

New **Renewal** **Change of Ownership** **Information Update**

NAME OF ALARM USER: _____ PHONE: _____
PROPERTY ADDRESS: _____ ZIP: _____
MAILING ADDRESS: _____ ZIP: _____

COMPANY PROVIDING MAINTENANCE/SERVICE OR CENTRAL STATION HOOKUP:

NAME: _____
ADDRESS: _____ CITY/ST: _____ ZIP: _____
CONTACT NAME: _____ PHONE: _____

ORIGINAL INSTALLATION INFORMATION

COMPANY/INSTALLER NAME: _____
ADDRESS: _____ CITY/ST: _____ ZIP: _____
PHONE NO.: _____ DATE OF ORIGINAL INSTALLATION: _____

EMERGENCY CONTACT INFORMATION (List 3)

1. NAME: _____ PHONE: _____
ADDRESS: _____ CITY/ST: ZIP: _____

2. NAME: _____ PHONE: _____
ADDRESS: _____ CITY/ST: _____ ZIP: _____

3. NAME: _____ PHONE: _____
ADDRESS: _____ CITY/ST: _____ ZIP: _____

Office Use Only:

_____ _____ _____
Date Received Check No. Registration No.