



DIRECT CONNECT POLICE ALERT REGISTRATION FORM



DATE: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

NAME OF ALARM COMPANY: _____

ALARM COMPANY PHONE: _____

ALARM ACCOUNT NUMBER: _____

TYPE OF ALARM: _____ DUAL SYSTEM? YES ___ NO ___
(i.e., Brinks, etc.)

FORMAT: _____
(FOR POLICE USE ONLY)

EMERGENCY CONTACTS

NAME	PASS CODE	PHONE NUMBER

BREAK-IN AREAS

Please indicate the potential break-in areas of your office space and the code assigned to each which are alarmed (i.e., front door, back door, front window, etc.)

LOCATION CODE	LOCATION DESCRIPTION

Please return completed form to the Direct Connect Administrator at the Coral Gables Police Department, 2801 Salzedo Street, Coral Gables, FL 33134. **PLEASE NOTE: YOUR ALARM WILL NOT BE CONNECTED UNTIL YOUR ALARM COMPANY PROGRAMS YOUR ALARM WITH THE DIRECT CONNECT RECEIVING NUMBER. YOU MUST ADVISE YOUR ALARM COMPANY TO CONTACT THE CORAL GABLES POLICE DEPARTMENT DIRECT CONNECT ADMINISTRATOR ONCE YOU HAVE SUBMITTED YOUR PAPERWORK.**

It will be the responsibility of the business owner or their representative, to advise the Coral Gables Police Department Direct Connect Administrator of all changes to emergency contacts listed for this account. In the event of a false alarm, only the alarm company central monitoring station has the authority to cancel the alarm.

Business Owner or Representatives Signature

DATE

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