

**CITY OF WINTER HAVEN**  
**ALARM PERMIT**  
**NOTICE OF INSTALLATION AND REGISTRATION**

Every person who owns, leases, possesses or operates any alarm system within the limits of the City shall notify the Winter Haven Police Department of the existence of the alarm system prior to placing said system in service.

**ALARM OWNER INFORMATION**

The name, address, business and home telephone number of the owner, lessee, operator, manager or person in possession of the premises wherein the alarm system is installed:

Business or Resident Name \_\_\_\_\_

Address \_\_\_\_\_

Business / Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Type of Alarm Installed     Audible     Burglary     Robbery     Panic     Fire     Smoke  
 Medical     Water Flow     Other \_\_\_\_\_

**ALARM MONITORING COMPANY INFORMATION**

Name of Alarm Company \_\_\_\_\_

Alarm Company Address \_\_\_\_\_

Alarm Company Telephone \_\_\_\_\_ Date of Installation \_\_\_\_\_

**EMERGENCY REPRESENTATIVE - CONTACT INFORMATION**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Remit with \$25 Alarm Permit Fee to:**

Winter Haven Police Department  
ATTN: Alarm Coordinator  
125 N. Lake Silver Drive NW  
Winter Haven FL 33881