Miami-Dade Police Department

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False Alarm Enforcement Unit
11500 NW 25th ST 2nd FLOOR
MIAMI, FL 33172
PHONE: (305) 669-7676
FAX: (305) 669-7677

REGISTRATION FORM

THIS FORM **MUST BE UPDATED AND RETURNED** EVEN IF NO MONEY IS OWED. YOUR REGISTRATION **WILL BE CLOSED AND YOU MAY FORFEIT POLICE RESPONSE** IF YOU FAIL TO DO SO.

EXPIRES:

LOCATION -	**RESPONSIBLE PARTY**
NAME (LAST, FIRST OR BUSINESS NAME)	LAST, FIRST
STR # STREET NAME APT/SUITE eMAIL ADDRESS	STR # STREET NAME APT/SUITE eMAIL ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
Ph1 Ph2	Ph1 Ph3 Ph2 Ph4
PHONE 1 PHONE 2	PHONE 1-2 PHONE 3-4

Date of Birth SSN Folio OWNS/RENTS

CONTACT PERSON 1	**CONTACT PERSON 2**
NAME (LAST, FIRST)	NAME (LAST, FIRST)
STR # STREET NAME APT/SUITE eMAIL ADDRESS	STR # STREET NAME APT/SUITE eMAIL ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
Ph1 Ph3 Ph2 Ph4	Ph1 Ph3 Ph2 Ph4
PHONE 1-2 PHONE 3-4	PHONE 1-2 PHONE 3-4

SPECIAL CONDITIONS

MONITORED BY	**INSTALLED BY**
CENTRAL ALARM CONTROL, INC.	MAXIMUM SECURITY, INC.
COMPANY NAME	COMPANY NAME
13973 SW 140 ST	12108 SW 117 CT
ADDRESS (STR # STREET NAME APT/SUITE	ADDRESS (STR # STREET NAME APT/SUITE
MIAMI, FL 33186	MIAMI, FL 33186
CITY, STATE ZIP	CITY, STATE ZIP
(800) 288-6522 (305) 238-0800	(305) 253-5162 (305) 254-9580
PHONE 1 PHONE 2	PHONE 1 PHONE 2

I do hereby solemnly swear that the aforementioned information is correct to the best of my knowledge.

_____ _____

Signature Date Signed

INTERNAL USE ONLY

Rcvd _____

Approved _____