



CITY OF BELLE ISLE, FLORIDA

1600 Nela Avenue, Belle Isle, Florida 32809
(407) 851-7730 • FAX (407) 240-2222
www.cityofbelleislefl.org

FALSE ALARM REGISTRATION FORM

ADDRESS WHERE THE ALARM IS LOCATED

Street: _____ Suite/Apartment #: _____

City, State, Zip Code: _____

Name of Business/Residence: _____ Home/Work #: _____

TYPE OF ALARM:	Audible	Silent	Panic	Holdup/ Burglary	Medic Alert
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(Circle all that apply)

Alarm Company Name: _____

Address: Street, City, State, Zip: _____

Telephone #: _____ Local Telephone #: _____

Monitoring Company Name: _____

Address: Street, City, State, Zip: _____

Telephone #: _____ Local Telephone #: _____

EMERGENCY CONTACTS (at least two) - name and phone numbers of persons who will respond with keys to the business/residence if you are not available, and who is capable of resetting the system and acting as your agent to assist law enforcement at the alarm site.

Name: _____ Work #: _____ Cell # _____

Is this a gated community? (Circle one) Yes No If yes, gate code? _____

Are there any dogs inside? (Circle one) Yes No

To mail completed form:
City of Belle Isle
1600 Nela Avenue
Belle Isle, fl 32809

To Fax completed form:
407-240-2222

To Email completed form:
City Clerk
yquiceno@belleislefl.gov