CITY OF CORAL GABLES
ALARM SYSTEM REGISTRATION

FINANCE DEPARTMENT – COLLECTION DIVISION
405 BILTMORE WAY ● CORAL GABLES, FLORIDA 33134 ● (305) 460-5301

Ordinance No. 2427 requires that every person installing or causing to be installed, using, maintaining or possessing an alarm system on premises owned, in possession of, or in control of such premises within the City of Coral Gables, register that alarm system with the Finance Department of the City of Coral Gables.

☐ **New Alarm Registration:** If your alarm is not currently registered with the City of Coral Gables, complete the information below and return with a payment of $36.00 ($35.00 Registration Fee, $1.00 Document Filing Fee), to the **City of Coral Gables Collection Division, P.O. Box 141549, Coral Gables, Florida 33134.** Failure to send in the completed application within 30 days may result in a $100.00 charge for each activated alarm.

☐ **Existing Alarm Registration:** If you have already registered your alarm but need to make a change or want to enroll in the **Quick Response Burglary Prevention Program (residential alarm users)**, complete information below and return to the **City of Coral Gables Collection Division, P.O. Box 141549, Coral Gables, Florida 33134.**

PROPERTY ADDRESS OF RESIDENCE OR BUSINESS	APT. OR SUITE NO.	ZIP CODE
NAME OF RESIDENT OR BUSINESS	PHONE	ALTERNATE PHONE
PROPERTY OWNER (IF NOT SAME AS ABOVE)	ADDRESS	PHONE
ALARM INSTALLED BY	ADDRESS	PHONE
ALARM MONITORING COMPANY	ADDRESS	PHONE
MAINTENANCE COMPANY-IF MONITOR = MAINTENANCE WRITE SAME	ADDRESS	PHONE

EMERGENCY NOTIFICATION:

Quick Response Burglary Prevention Program (QRBPP) for Residential Alarm Users:

_____ Initials

I would like to participate in the **Quick Response Burglary Prevention Program** (**QRBPP**) which authorizes the alarm business to immediately contact the Coral Gables Police Department for alarm dispatch following an unanswered central monitoring call made to the premises generating the alarm signal pursuant to F.S. 489.529. I understand that my agreement to participate in this voluntary program constitutes a waiver of any claim by me against the City and its officials, police officers, employees, and agents related to the establishment, implementation, or operation of the **QRBPP**. You will not be enrolled in this program if you do not mark your initials in the space provided.

Please provide contact information of persons not residing at the property address who can be reached in the event of an emergency to shut off alarm:

		DAY / NIGHT
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

☐ I qualify for the Senior Citizens Suspension of False Alarm Fines Program (age 65 years or older) pursuant to Resolution No. 2008-56. [Please provide affidavit or other proof of eligibility].

Signature: _____ Date: _____

Circle: OWNER, TENANT, RESIDENT AGENT/MANAGER

_____
E-MAIL ADDRESS (Optional) For correspondence regarding this application.

THE ORDINANCE MANDATES THAT ANY CHANGE OF THE INFORMATION GIVEN IN THIS APPLICATION BE REPORTED IN WRITING TO THE CITY OF CORAL GABLES FINANCE DEPARTMENT, COLLECTIONS DIVISION WITHIN 30 DAYS.

NOTE: THE CITY WILL DISCONNECT A NUISANCE ALARM (ALARM SOUNDING MORE THAN 15 MINUTES) AFTER MAKING REASONABLE EFFORT TO CONTACT PERSONS AUTHORIZED TO DEACTIVATE ALARM. COSTS INCURRED IN THE DEACTIVATION OF ALARM AND SECURING OF PREMISES, WILL BE PAID BY ALARM USER OR OWNER OR PROPERTY.

THIS APPLICATION AND ALL THE INFORMATION CONTAINED HEREIN IS SUBJECT TO PUBLIC DISCLOSURE PURSUANT TO FLORIDA'S PUBLIC RECORDS LAW, CHAPTER 119 OF THE FLORIDA STATUTES.