



# City of St. Petersburg

Website: <https://crywolf.stpete.org>

Email: [FalseAlarms@stpete.org](mailto:FalseAlarms@stpete.org)

Phone: (727) 892-5969

For Office Use Only: # \_\_\_\_\_

## Permit Registration Form



Required fields are indicated in RED. You may mail this form to False Alarms Division - P.O. Box 2842, St. Petersburg, FL 33731 or deliver in person to Central Cashiers Office - 325 Central Ave., St. Petersburg, FL 33701 or email this form to [FalseAlarms@stpete.org](mailto:FalseAlarms@stpete.org).

<b>1 Alarm Location - Please check one:</b> <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL		<b>Please check one:</b> <input type="checkbox"/> TENANT
<b>Individual OR Business Name:</b>		<input type="checkbox"/> OWNER
Address: _____		Suite: _____
City: _____	State: _____	Zip: _____
Phone 1: _____	Phone 2: _____	

**Responsible party means any PERSON, his employees, agents or servants who OWNS or CONTROLS the premises in which an alarm system is installed.**

<b>2 Responsible Party (Individual Only, No Business) - Mailing/Billing Correspondence - One email only</b>		
Last Name: _____	Ph1 _____	
First Name: _____	Ph2 _____	
Address: _____	Suite: _____	Ph3 _____
City: _____	State: _____	Zip: _____
Email: _____	<b>Please check one:</b> <input type="checkbox"/> EMAIL OR <input type="checkbox"/> MAIL	

<b>3 Emergency Contact Names - Please provide a maximum of two contacts.</b>	
Contact 1 Name: _____	Ph1 _____ Ph2 _____
Contact 2 Name: _____	Ph1 _____ Ph2 _____

I understand the responsible party may renew this security alarm permit with the City approximately one (1) month prior to the annual renewal application due date of December 1st. I understand that, in accordance with City Code Sections 20-228 through 20-231, responsible party is financially responsible for all charges and penalties specific in the section.

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party Print Name \_\_\_\_\_