

POST OFFICE BOX 296  
 LARGO, FLORIDA  
 33779-0296



# \_\_\_\_\_  
 EXPIRES \_\_\_\_\_

LARGO, FLORIDA EST 1905

Please fill out form completely and e-mail it to [pd\\_rec@largo.com](mailto:pd_rec@largo.com)

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			
PHONE 1		PHONE 2		PHONE 1		PHONE 2	
CONTACT PERSON 1				CONTACT PERSON 1			
NAME (LAST, FIRST OR BUSINESS NAME)				NAME (LAST, FIRST OR BUSINESS NAME)			
STR#	STREET NAME	APT/SUITE	EMAIL ADDRESS	STR#	STREET NAME	APT/SUITE	EMAIL ADDRESS
CITY, STATE, ZIP				CITY, STATE, ZIP			
PHONE 1		PHONE 2		PHONE 1		PHONE 2	
SPECIAL CONDITIONS							
MONITORED BY							
COMPANY NAME				COMPANY NAME			
STR#	STREET NAME	APT/SUITE	EMAIL ADDRESS	STR#	STREET NAME	APT/SUITE	EMAIL ADDRESS
CITY, STATE, ZIP				CITY, STATE, ZIP			
PHONE 1		PHONE 2		PHONE 1		PHONE 2	
<p>Sec 13-57 The city, its police department and any of its agents and employees shall not have liability or responsibility for the operation or effectiveness of any alarm system and shall not be subject to any claims, demands or actions which may arise out of or in connection with the performance, nonperformance, or nonresponse to any alarm signal.</p>							
Signature				Date:			

**Continuation of Contact Information for Reg # \_\_\_\_\_**

<b>CONTACT INFORMATION</b>				<b>CONTACT INFORMATION</b>			
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CITY, STATE, ZIP				CITY, STATE, ZIP			
PHONE 1		PHONE 2		PHONE 1		PHONE 2	