

APPLICATION FOR ALARM REGISTRATION PERMIT DECAL # _____

CITY OF DELRAY BEACH
100 N.W. 1st Avenue, Delray Beach, FL 33444
(561) 243-7209

APPLICANT'S PROPERTY TO BE SERVICED BY ALARM:

Name: _____
Address _____ Suite/Apt/Bay _____
City: _____ Zip _____ Telephone # _____

MAILING ADDRESS, IF DIFFERENT FROM ABOVE:

Name: _____
Address: _____ Suite/Apt/Bay _____
City: _____ Zip _____ Telephone # _____

CHECK TYPE OF ALARM:

1. _____ Burglar
_____ Fire
2. _____ Residential Alarm
_____ Commercial Alarm

ALARM BUSINESS MAINTAINING THE ALARM – If None, Indicate as “N/A”

Name: _____
Address: _____ Suite/Apt/Bay _____
City: _____ Zip _____ Telephone # _____

LIST 3 PERSONS OR ENTITIES TO BE CONTACTED IF FALSE ALARM OCCURS . List those people who have access to premises in the order that you want them contacted:

1. Name: _____
Address: _____ City _____ Zip _____
Telephone #1 _____ #2 _____ #3 _____

2. Name: _____
Address: _____ City _____ Zip _____
Telephone #1 _____ #2 _____ #3 _____

3. Name: _____
Address: _____ City _____ Zip _____
Telephone #1 _____ #2 _____ #3 _____

ALARM USER'S SIGNATURE _____
PRINT NAME _____ **DATE** _____