



## Residential & Business Alarm Permit Registration

### Applicant Alarm Information

Operator \_\_\_\_\_  
Roommates \_\_\_\_\_  
Location Address \_\_\_\_\_ Apt/Bldg/Suite \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
First Phone ( ) \_\_\_\_\_ Second Phone ( ) \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Social Security # or Drivers License \_\_\_\_\_

### List below two local contacts that can assist emergency personnel.

First Contact Name \_\_\_\_\_  
First Phone \_\_\_\_\_ Second Phone \_\_\_\_\_  
Second Contact Name \_\_\_\_\_  
First Phone \_\_\_\_\_ Second Phone \_\_\_\_\_

### Contractor and Monitoring Company Information

Contractor/ Servicing Company \_\_\_\_\_  
Date system last serviced/installed \_\_\_\_\_ Contact Name if known \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Monitoring Business Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Contact Name if known \_\_\_\_\_  
Do you have a gate code to your property, if so please list \_\_\_\_\_  
Hazardous materials, animals \_\_\_\_\_

For additional information or assistance in completing this permit application, please contact the False Alarm Reduction Program at (386) 329-0115.

Applicant Signature: \_\_\_\_\_ Date Signed \_\_\_\_\_

**Please notify the False Alarm Reduction Program if you have any changes in status.**