



**Alarm Reduction Program
Palatka Police Department**

Affidavit of Service / Repair / Training
(Fill out applicable section below)

On _____, the undersigned representative for
Date
_____, serviced or repaired the electronic
Alarm Company
alarm system located at _____.
Address

On _____, the undersigned representative for
_____, conducted training with the person(s)
Alarm Company
responsible for use of the alarm system located at _____
Address
_____.

City of Palatka Permit Number _____.

By signing below, I do swear or affirm that as a legal representative or employee of the above named Alarm Company I did service or repair* the above referenced alarm system and it is now in good working order or that training was conducted with the person(s) responsible for use of the referenced alarm system.

Print name of Alarm Co. Rep.

Print name of witness to signature

Signature

Signature

*Attach invoice for services or repairs performed.

This form should be completed and returned to the City of Palatka Police Department, Alarm Reduction Program and must be accompanied by an invoice from the alarm company.