

**PALM BEACH COUNTY
SHERIFF'S OFFICE**



BURGLAR ALARM PERMIT
INCOMPLETE FORMS WILL BE RETURNED
WRITE "N/A" WHEN NOT APPLICABLE

PERMIT NO. AP _____
You must notify your Alarm
company of your permit number for
DEPUTY RESPONSE

Please indicate:
 BUSINESS PERMIT OWNER
 RESIDENTIAL PERMIT TENANT

FULL NAME OF PERSON RESPONSIBLE FOR PERMIT: _____

IF PERMIT IS FOR A BUSINESS
BUSINESS NAME: _____ PHONE: (____) _____ - _____

ADDRESS OF ALARMED PREMISES: _____

BUILDING #: _____ APT/SUITE: _____ SUBDIV: _____

CITY: _____ STATE: _____ ZIP: _____ DRIVER LICENSE (Resident)
OR FEIN (Business) # _____

E-MAIL ADDRESS: _____ SECONDARY E-MAIL ADDRESS: _____

TELEPHONE NUMBERS: HOME : (____) _____ - _____ WORK: (____) _____ - _____ OTHER: (____) _____ - _____

BILLING ADDRESS (U.S. ONLY) I WOULD LIKE TO RECEIVE MY INVOICE STATEMENTS AT THIS ADDRESS:

ADDRESS: _____ PHONE: (____) _____ - _____
(If different than above)

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACTS: (LIST PERSONS WITH KEYS WHO CAN RESPOND TO THE ALARM WITHIN 15 MINUTES OF NOTIFICATION)

NAME: _____ PHONE: (____) _____ - _____ PHONE: (____) _____ - _____
Day Night

NAME: _____ PHONE: (____) _____ - _____ PHONE: (____) _____ - _____
Day Night

ALARM CO. NAME: _____ STATE LICENSE # _____ PHONE: (____) _____ - _____

ADDRESS: _____

MONITORING CO. NAME: _____ STATE LICENSE # _____ PHONE: (____) _____ - _____

ADDRESS: _____

I hereby agree to comply with all of the requirements of this ordinance. I understand that I am responsible for all fines for excessive false alarms and alarm response will be discontinued for non-payment and/or excessive false alarms.

SIGNATURE: _____ DATE: _____

Palm Beach County Burglar Alarm Ordinance # 2008-038 requires all businesses and residences with burglar alarm systems to have a valid alarm permit. Failure to complete and return this application with a \$25.00 application fee (check or money order in US dollars only) will result in a NO RESPONSE to your alarm system, and a fine of \$260.00 per incident. Please complete and sign this application; incomplete applications will not be accepted. False alarms will result in additional fines. Make checks payable to Palm Beach County Sheriff; mail to Palm Beach County Sheriff's Office, Accounting, P.O. Box 24681, West Palm Beach, FL 33416-4681. For additional information, please call (561) 688-3695. In the event this permit is cancelled, any outstanding balance will be due upon completion of a new application.

FOR SHERIFF'S OFFICE USE ONLY

TEMPORARY #: _____ CHECK AMT.: \$ _____ RECEIPT #: _____

EXPIRATION DATE: _____ CHECK #: _____ RECEIPT DATE: _____

PAYEE: _____