

**PALM BEACH COUNTY
SHERIFF'S OFFICE**



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

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

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: _____ SUBDIVISION: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ SECONDARY EMAIL 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: _____ PHONE: (____) _____ - _____

ADDRESS: _____

MONITORING CO. NAME: _____ 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: _____

Sect. 16-54 of the Palm Beach County Code of Ordinances requires all businesses and residences with burglar alarm systems to have a valid alarm permit. Failure to maintain a permit in compliance with the ordinance will subject you to a \$260 fine per alarm incident. If this permit is canceled, any outstanding balance must be paid before a new application will be processed. An Application fee of \$25 must be submitted with all applications. An annual renewal of your alarm permit is required, and an invoice will be sent for payment.

To submit and pay electronically, visit alarms.pbso.org. You may mail a completed application or renewal invoice with a check or money order, payable to Palm Beach County Sheriff, to: Palm Beach County Sheriff's Office, Accounting, P.O. Box 24681, West Palm Beach, FL 33416. For additional information, please visit alarms.pbso.org or call (561) 688-3695.

FOR SHERIFF'S OFFICE USE ONLY

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

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

PAYEE: _____