

# APPLICATION FOR ALARM REGISTRATION

PERMIT DECAL # \_\_\_\_\_

## CITY OF DELRAY BEACH

100 N.W. 1<sup>st</sup> 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 \_\_\_\_\_