

# 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  
 RESIDENTIAL PERMIT

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: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

TELEPHONE NUMBERS: HOME : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ OTHER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MAILING 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) 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.

### FOR SHERIFF'S OFFICE USE ONLY

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

EXPIRATION DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_ RECEIPT DATE: \_\_\_\_\_

PAYEE: \_\_\_\_\_