

Jacksonville Sheriff's Office Alarm Permit Application

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.

P.O. Box 141925, Irving, TX 75014, Phone: 1-877-883-0677

FALSE ALARM REDUCTION PROGRAM

(Please print)		RESIDENTIAL BUSINESS GOVT. ENTITY															Burglary Robbery/Pan								anic		
Name of Registration Holder:																											
Business Name:																											
Name of responsible party:																											
Alarm Location: (Include Building/Apt #) (Include Suite or Unit #)																											
City:																	State:					Zip:			Ш		
Billing Address: (if different)																											
City:																	Sta	State:			Zip:						
Email Address:																											
Home Phone:														Cell	Pho	ne:						$\overline{\mathbb{L}}$					
Office Phone:	\Box			Γ	T	Т	Ī				П	Ī				_	_				-						
EMERGENCY CONTACTS	느		Ш	L			_]	_					_									
Name:																											
Phone #1:					Ī	Ī]		Pho	ne #	2:					Ī	Ī					
Name:																											
Phone #1:	Γ			Γ	T		7			Г		Ī		Pho	ne #	2:				Т	T	T	$\overline{1}$				
SPECIAL CONDITIONS In order to ensure the safety of our officircumstances (i.e. guard animals, weather the control of the con								onville	e Shei	riff's (Office	to bet	tter pr	otect	your p	oroper	ty, pl∈	ease p	orovide	info	rmatio	on reg	ardin	g pote	∍ntially	/ haza	ırdous
Comment:																											
ALARM INSTALLATION DET	ΓAILS	S - Al	arm C	ontra	ctors	that h	ave r	egiste	ered w	ith th	e JSC	are I	isted	on-lin	e at h	tps://v	vww.f	amsp	ermit.d	com/.	Jacks	onville	,				
Alarm Installation Date:			/			/																					
Alarm Installation Company:																											
Monitoring Company: (if different)																											
PLEASE READ THE FOLLOWING AN This is to certify that as the applying p and practices to follow in the event that system, including written guidelines or traffic conditions, emergency condition	rincipa at the a n how	al, my alarm to avo	syster	n is a se ala	accide	entally	activ	ated,	l also	ackn	owled	lge th	at the	insta	llation	comp	oany l	left m	e a se	t of w	ritten	instru	uction	s for t	the ala	arm	
Signature: (Owner)																	Date	e:			/	Т]/				

In accordance with the Chapter 168 of Jacksonville, FL Ordinances, if you have an alarm system in the city limits, it must be registered. The fee for an Alarm Registration is set forth below and shall be paid by the Alarm user. No refund of a registration fee will be made. For 1st & 2nd false alarm no charges, 3rd false alarm is \$50.00, 4th false alarm is \$100.00, 5th false alarm is \$250.00, 7th false alarm or above Jacksonville Sheriff's Office will not respond to burglar alarm calls but will continue to respond to panic or robbery alarm calls and the alarm user will be charged \$250.00 for each false alarm. The alarm user can apply for a new permit one year from the date their permit was suspended due to 7 false alarms. A new permit will not be issued until all prior false alarm fines and fees are paid.

Existing Alarm Systems: \$20.00

Registration Fees for Residential / Commercial:

New Alarm Systems:

\$10.00 - If registration completed within 30 days from the alarm installation date \$20.00 - If registration not completed within 30 days from the alarm installation date

Renewal Fees for Residential / Commercial:

\$0.00 - If renewal is completed within 30 days prior to and after the expiration date \$20.00 - If renewal is completed after 30 days of the expiration date

For Customer Service Call: 1-877-883-0677 Mail this form and payment to:

Jacksonville Sheriff's Office False Alarm Reduction Program P.O. Box 141925, Irving, TX 75014