

**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: Frontpoint STATE LICENSE # EG13000491 PHONE: (703) 776 - 9100

ADDRESS: 1595 Spring Hill Road, Suite 110, Vienna, VA 22182

MONITORING CO. NAME: Rapid Response STATE LICENSE # EF0000694 PHONE: (800) 932 - 3822

ADDRESS: 400 W Division St, Syracuse, NY 13204

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: \_\_\_\_\_