



CITY OF PALM BAY
ALARM USER PERMIT/REGISTRATION
120 Malabar Rd., SE, Palm Bay, FL 32907
Tel. (321) 953-8984

Permit/ Registration No.

A NON-REFUNDABLE \$20.00 PERMIT/REGISTRATION FEE MUST BE SUBMITTED WITH EACH PERMIT/REGISTRATION FORM. MAKE CHECK OR MONEY ORDER PAYABLE TO "CITY OF PALM BAY"

A.) Residential Alarm User Information: (Residential alarm users, please complete Sections A, B and D through H.)

Alarm User Name: _____
First Name Last Name

Alarm Location: _____
Street Number Street Prefix Street Name Street Suffix Suite/Apt. No.

City State Zip Code Gate Code
() () ()
Home Phone Work Phone Cell Phone or Pager Email Address

B.) Residential and Commercial alarm users must complete:

Type of Alarm (check all that apply): [] Intrusion [] Panic [] Medical [] Robbery [] Audible [] Fire/Smoke

C.) Commercial Alarm User Information: (Commercial alarm users, please complete Sections B through H.)

Name of Corporation, Sole Proprietor or Partners
Trade Name(s) Used by Business

Alarm Location: _____
Street Number Street Prefix Street Name Street Suffix Suite/Apt. No.

City State Zip Code Business Phone Number

Local Manager: _____
First Name Last Name

() () ()
Home Phone Work Phone Cell Phone or Pager Email Address

D.) Mailing Address: (If different from Location of Alarm System)

E.) Contact Information: (List two people, other than the owner, who can respond to an alarm activation.)

1st Contact Name: _____
First Name Last Name

() () ()
Home Phone Work Phone Cell Phone or Pager Email Address

2nd Contact Name: _____
First Name Last Name

() () ()
Home Phone Work Phone Cell Phone or Pager Email Address

F.) Alarm Install/Service Company: _____ Lic. No. _____
Contact Person: _____ Phone () _____

G.) Alarm Monitoring Company: _____ Lic. No. _____
Contact Person: _____ Phone () _____

H.) Special Conditions: (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all the provisions of the City of Palm Bay Code and with applicable State Laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above premise. I have read the information on Palm Bay's False Alarm Reduction Program. Permit/registration of an alarm system is not intended to, nor will it, create a contract, duty or obligation, either expressed or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By permitting/registering an alarm system, the alarm user acknowledges that police response may be based on factors such as availability of police units, priority of calls, weather conditions, traffic conditions, emergency situations and staffing levels.

Date: _____ Signature: _____

http://www.palmbayflorida.org/police/public/falsealarm.html

FOR DEPARTMENT USE ONLY
CK# _____
MO# _____
EFT# _____
AMT \$ _____
DATE _____

