



Permit / Registration Number:

Alarm User Permit/Registration
 120 Malabar Road SE • Palm Bay, FL 32907 • Phone: 321-733-3024
 Email: pbalarms@pbfl.org

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:					
Alarm Street Address Location:					
City:		State:		Zip Code:	
Cell Phone Number:		Home Phone Number:			
Work Phone Number:		Email Address:			

B.) Residential and Commercial Alarm Users Must Complete:

Type of Alarm (check all that apply):

<input type="checkbox"/>	Intrusion	<input type="checkbox"/>	Panic	<input type="checkbox"/>	Medical
<input type="checkbox"/>	Robbery	<input type="checkbox"/>	Audible	<input type="checkbox"/>	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 Street Address Location:					
City:		State:		Zip Code:	
Business Phone Number:					
Name of Local Manager:					
Cell Phone Number:		Home Phone Number:			
Work Phone Number:		Email Address:			

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

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E.) Contact Information:

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

First Contact Name:					
Cell Phone Number:		Home Phone Number:			
Work Phone Number:		Email Address:			

continued on the next page >



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E.) Contact Information: (continued from previous page)			
<i>(List two people, other than the owner, who can respond to an alarm activation.)</i>			
Second Contact Name:			
Cell Phone Number:		Home Phone Number:	
Work Phone Number:		Email Address:	
F.) Alarm Install / Service Company			
Alarm Install / Service Company:			
Contact Person Name:			
License Number:		Phone Number:	
G.) Alarm Monitoring Company			
Alarm Monitoring Company:			
Contact Person Name:			
License Number:		Phone Number:	
H.) Special Conditions:			
<i>(List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)</i>			
<p>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.</p>			
Signature:			Date:
FOR DEPARTMENT USE ONLY			
CK Number:		MO Number:	
EFT Number:		Amount Due:	
			Date: