

City of Margate

Alarm Application

(Please print or type. All spaces must be completed.)

Name (Resident/Business)

Address Apt./Suite# Zip Code

Telephone (Home) (Business)

Mailing Address if different than address listed above

Alarm System Monitored by

Name

Address

City State Zip Code

Telephone

Emergency Contact Information

Alternative individuals who can be contacted to enter the residence/business and reset the alarm. Response time must be within 20 minutes.

Name

Address

City State Zip Code

Telephone (Home) (Business)

Cellular Telephone Pager Number

Second Contact

Name

Address

City State Zip Code

Telephone (Home) (Business)

Cellular Telephone

Pager Number

Alarm Registration Number _____

If Corporation

Corporate Name

President or business owner

Address

City State Zip Code

Telephone

1. Is the registered location (please check one)

Commercial Single Family

Duplex Multi-Family

2. Do you own or rent ?

Own Rent

3. Alarm Type:

Burglary Robbery Panic Fire

Please notify the Margate Police Department Alarm Coordinator of any changes in the above information at 935-5496.

An alarm permit cannot be transferred to another person.

City of Margate Ordinance 17-129 requires all businesses and residences with alarm systems to have valid alarm permits. Failure to complete and return this application with your fee for residential or for non-residential permits (check or money order payable to the City of Margate) will result in fines or court citations for non-permitted alarms.

The permit holder must notify the Police Department in writing of any changes in the information on this permit.

Signature Date

For Margate Police Department Use Only

Registration Sticker issued by: _____

Registration Sticker Number: _____

Fee _____ Date _____

Check # _____ Money Order # _____

White - Alarm Coordinator
Yellow - Permit Holder