

CITY OF MIAMI ALARM PERMIT APPLICATION

Alarm User(s) Name: Home Phone#: Work#: Cell #:

Address Apt./Suite Zip Code

Mailing Address Apt./Suite Zip Code

Type of Premises: Res. Bus. Gov. School Exempt

EMERGENCY CONTACT(S): LIST INDIVIDUALS TO RESPOND IN CASE OF EMERGENCY

Contact Name: Home: Work: Cell:

Contact Name: Home: Work: Cell:

Contact Name: Home: Work: Cell:

ALARM COMPANY MONITORING THE ALARM SYSTEM

Name:

State License #

Phone#:

ALARM COMPANY CURRENTLY SERVICING SYSTEM OR ORIGINAL INSTALLER

Name:

State License #

Phone#:

MAIL APPLICATION WITH FEE TO: CITY OF MIAMI POLICE DEPT./ ALARM UNIT / P.O. BOX 016777/ MIAMI, FL 33101

FOR OFFICE USE ONLY: (Alarm Permit Expires September 30, _____)

Permit No.: Date: Amount: Check#: Clerk Initials: