



**CITY OF PALM BEACH GARDENS
ALARM REGISTRATION FORM**

PROPERTY INFORMATION	
Owner's Name	
Business Name	
Business Address	
Phone Number	Type of Business/Use

<small>CHECK HERE IF SAME AS ABOVE _____</small>	APPLICANT INFORMATION
Business Name	
Business Owner's Name	
Business Address	
Phone Number	Relationship to Owner

In the event of an emergency, an individual must be able to respond to the above address within 20 minutes. Please provide the name, phone number and address of a primary contact (person in charge of premises serviced by alarm) and three additional contacts below, shown in order of preference for contact.

CONTACT INFORMATION		
Primary	Name	Phone
	Address	
1	Name	Phone
	Address	
2	Name	Phone
	Address	
3	Name	Phone
	Address	

INSTALLATION INFORMATION

Contractor Name

24-hour Phone Number

Contractor Address

Qualifier Name

State License No.

MONITORING INFORMATION

Monitoring Company Name

24-hour Phone Number

Monitoring Company Address

Qualifier Signature (required)

Qualifier Name

State License No.

MAINTENANCE AND REPAIR SERVICE INFORMATION

Company Name

24-hour Phone Number

Company Address

Qualifier Name

State License No.

Acknowledgement I acknowledge that I am responsible for the registration and renewal fees associated with this alarm registration. I further acknowledge that I have read, understand and will be held accountable for all requirements for registration and renewal and costs associated with excessive false alarms fees, as defined in Chapter 30 of the City of Palm Beach Gardens' Code of Ordinances, as updated and approved by Ordinance 27, 2009.

Property Owner or Applicant's Signature _____

Print Name _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

by _____.

(Name of person acknowledging)

(Print, type or stamp Commissioned Name of Notary Public)

(Signature of Notary Public)

Personally known _____ **OR** Produced Identification _____ Type of ID _____