

Alarm Permit Tax - Application

Date _____

Permit # (If Known) _____

Amount To Pay

\$10 - New Permit **WITHOUT** A Previous False Alarm

\$20 - New Permit **WITH** A Previous False Alarm

Type of Alarm System:

Security

Fire

Panic

Classification of Alarm:

Residential

Commercial

Building:

Owner Occupied

Rented

Alarm Location Address:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone # _____

Cell Phone # _____

Billing Address:

Business Name: _____

Owner Name: _____

Address: _____

City, State, Zip: _____

Home/Business Phone# _____

911 INFORMATION / EMERGENCY USE

1st Contact Person:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone # _____

Cell Phone # _____

2nd Contact Person:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone # _____

Cell Phone # _____

3rd Contact Person:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone # _____

Cell Phone # _____

Alarm Monitoring Company:

Name: _____

Address: _____

City, State, Zip: _____

Phone # _____

St. Lucie County Ordinance 99.10 Sect 1-2.5-9(a)

The Application **Shall** be signed by the alarm user.

Signature: _____

New Amended

Mail With Correct Payment To:

St. Lucie County Tax Collector
P.O. Box 308, Fort Pierce, FL 34954-0308

Deliver In Person To:

2300 Virginia Ave - Fort Pierce
or
1664 SE Walton Road - Port Saint Lucie

Questions?
(772)-462-1650