



**CITY OF ST. PETERSBURG POLICE DEPARTMENT  
SECURITY ALARM PERMIT APPLICATION**

**INITIAL APPLICATION – \$15.00**

FOR DEPARTMENT USE ONLY

PERMIT NO.:

Complete all applicable items and sign form. Attach \$15.00 application fee payment made payable to "City of St. Petersburg" and mail to Central Cashier – Police Alarm Enforcement, PO Box 2842, St. Petersburg, FL 33731 or deliver to Cashier Office, 325 Central Avenue, St. Petersburg, FL 33701.

**1 ALARM LOCATION** – Exact address of security alarm to be registered. (Complete a separate application for each address to be registered)

ADDRESS		APT./SUITE	ZIP
CHECK ONE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	CHECK ONE	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL

**2 PERMIT APPLICATION AND INVOICING INFORMATION** BUSINESS NAME

**A NAME OF INDIVIDUAL(S), PARTNERSHIP, OR CORPORATION APPLYING FOR PERMIT:**

Mailing Address:	Home Phone
	Bus. Phone
EMAIL ADDRESS:	DATE OF BIRTH
	Cell Phone

**B IF APPLICANT IS A CORPORATION, LIST OFFICERS:**

President: Vice President: Secretary: Treasurer:

**C IF APPLICANT IS PARTNERSHIP, LIST NAMES AND RESIDENCE ADDRESSES OF PARTNERS:**

Name: Residence Address:

Name: Residence Address:

<b>3 ALARM COMPANY INFORMATION</b>	<b>4 DATE OF INSTALLATION/ACTIVATION</b>
Name of Alarm Company:	
Phone Number of Alarm Company:	
Name of Monitoring Company:	Phone Number of Monitoring Company

**5 RESPONSIBLE PARTY TO BE CALLED IN THE EVENT OF AN ALARM OR EMERGENCY** – Note that the person(s) must be authorized representatives who can be notified by the police department, in the event of an activation of the alarm system, who shall be capable of responding to the premises within forty-five (45) minutes and who is authorized and able to enter the premises to ascertain the status thereof.

Name:	Home Phone:	Cell Phone
Address:	Bus. Phone	Other Phone:
Name:	Home Phone:	Cell Phone:
Address:	Bus. Phone:	Other Phone:

*I understand that, in accordance with City Code Section 20-147, applicant is financially responsible for all charges and penalties specific in this section.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

PRINT NAME \_\_\_\_\_

NOTE: If information provided in application changes, you must notify the Alarm Enforcement Office within ten (10) working days. This permit shall be valid for 365 days from the date the initial permit is issued. The responsible party will be notified one month prior to this expiration date.

**QUESTIONS? Please call 892-5969 for assistance.**