

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 TO: CITY OF MIAMI POLICE DEPT./ ALARM UNIT / P.O. BOX 016777/ MIAMI, FL 33101 – 305 603 6488

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

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

\$82.50