

**CITY OF MIRAMAR
APPLICATION FOR PERMIT FOR BURGLAR ALARM SYSTEM
SECTION 3-27 OF THE MIRAMAR CITY CODE**

REGISTRATION FEE - \$50.00

APPLICANT INFORMATION

NAME OF RESIDENT(s)/BUSINESS: _____

MAILING ADDRESS (If separate): _____

RESIDENT/BUSINESS ADDRESS: _____

BUSINESS OWNER(s) NAME: _____

TELEPHONE NUMBER(s):

HOME: _____ BUSINESS: _____ OTHER: _____

EMERGENCY CONTACT INFORMATION - Minimum of 2 Other People must be listed who do not reside at the above address, with separate telephone numbers.

Name	Address	Telephone Number
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1 _____

2 _____

3 _____

I understand that I am responsible for all information provided. Should this information change, it shall be reported within 15 days of such change.

Applicant's Signature: _____ Date: _____

ALARM MONITORING COMPANY:

Telephone Number: _____

Type of Alarm: Audible Silent Holdup Medical/Fire Other

Submit your completed burglar alarm registration application and the registration fee of \$50.00, payable to the City of Miramar to:

**CITY OF MIRAMAR
CODE COMPLIANCE DIVISION
2200 CIVIC CENTER PLACE
(Intersection of Red Rd & Hiatus Rd)
MIRAMAR FL 33025-6577
Telephone 954/ 602-3186**