



Attn: Alarm Coordinator
1100 Washington Ave
Miami Beach, FL 33139
(305) 673-7115

DATE ISSUED: _____
AMOUNT PAID: _____
NEW___ RENEWAL___ CHANGE___

City of Miami Beach Alarm Subscriber Permit Application

1. Alarm Subscriber/Business Name: _____
2. Phone Number at Alarmed Location: _____
3. Address of Alarmed Location: _____
4. Mailing Address: _____ Attn: _____
City, State, Zip Code: _____
5. Is Alarmed Location a Business or a Residence ? (Please circle one) Business Residence
6. Name of Alarm / Monitoring Co.: _____
State of Florida License Number: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number : _____
7. Business or Residence Owner Name: _____
Phone Number : _____
8. Who Owns The Alarm Equipment ? (Please circle one) Alarm Company Subscriber
9. Dogs, Hazards, Special Comments Regarding Premises: _____

Call 673-7115/VOICE to request material in accessible format; sign language interpreters (five days in advance when possible), or information on access for persons with disabilities.

10. Normal Business Hours: Open: _____ Close: _____ Days Open: _____

11. Do You Have a Security Guard Checking Your Premises: (Please circle one) YES NO

If Yes, Name of Guard Company: _____

Days and hours premises check: _____

Do they have a key to the premises: (Please circle one) YES NO

24 Hour Phone Number: _____

12. Type of Alarm System:	Burglary	Audible or Silent	(Please circle one)
	Holdup / Armed Robbery	Audible or Silent	
	Panic	Audible or Silent	

13. Date of Alarm	Date of last Alarm
Installation: _____	Inspection: _____

14. Who should be contacted in the event of an alarm:

	<u>Name</u>	<u>Relationship</u>	<u>Day Phone</u>	<u>Night Phone</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

15. Do you have more than one alarm system at this address ? (Please circle one) YES NO

If yes, please list each alarm system below and describe what area it covers. (office, warehouse, guest house, etc.)

	<u>System Information</u>	<u>Permit No.</u>
System 1:	_____	_____
System 2:	_____	_____
System 3:	_____	_____
System 4:	_____	_____
System 5:	_____	_____

If any changes need to be made to you Alarm Subscriber Permit, they must be made in writing.

16. Date: _____ Applicant Signature: _____