



City of Boca Raton

Police Alarm Permit Form

Permit# _____

PLEASE TYPE OR PRINT

COMMERICAL

RESIDENTIAL

ALARM USER NAME
ADDRESS OF ALARM
PHONE #

BILLING INFORMATION
ADDRESS OF ALARM
PHONE #
BILLING CONTACT

INDIVIDUALS ABLE AND AUTHORIZED TO ENTER PREMISES AND DEACTIVATE THE ALARM

LAST NAME	FIRST NAME	PHONE NUMBER

ALARM MONITORING COMPANY	ALARM SERVICING COMPANY
NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP

I certify that I understand and agree to the provision of the City of Boca Raton Code Ordinance 5074

Signature of Applicant

Name -Property Owner (if Tenant)

VIDEO ENHANCED EQUIPMENT YES NO

PLEASE COMPLETE FORM & RETURN TO CITY OF BOCA RATON

Please return completed form to: Alarm Billing Unit
201 West Palmetto Park Road
Boca Raton FL 33432