



City of Boca Raton Police Alarm Permit Form

Permit#

Expires January 1st

PLEASE TYPE OR PRINT

COMMERICAL

RESIDENTIAL

ALARM USER NAME
ADDRESS OF ALARM
PHONE #

BILLING INFORMATION
ADDRESS OF ALARM
PHONE #
BILLING CONTACT
EMAIL ADDRESS

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