

**City of Nassau Bay  
Alarm Permit Application**

Permit No. \_\_\_\_\_  
For Department Use Only

**Applicant's Name:** \_\_\_\_\_  
(Last, First, MI)

**Applicant's Telephone Numbers:** \_\_\_\_\_  
Home Work

**Address of Alarm:** \_\_\_\_\_  
(where it is located) (Street Number, Name, Apartment or Suite#)  
\_\_\_\_\_  
(City, State, Zip)

**Do you:**  Own  Rent  Lease  Manage  
**Name of Business:** \_\_\_\_\_  
(For Business Alarm Permits Only)

**Business Telephone Number(s):** \_\_\_\_\_

**Name of Owner: (if other than applicant)** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_  
(Street Number and Name)

**Mailing Address (if different):** \_\_\_\_\_  
(Street Number and Name or PO Box)  
\_\_\_\_\_  
(City, State, Zip)

**Alarm Site:**  Residential  Non Residential  Business  
(Check only one)

**Type of Alarm:**  Burglary  Hold-up  Panic  Fire  
(Check all that apply)  Medical  Other \_\_\_\_\_

**If this is a Burglary or Holdup alarm, is it silent?**  Yes  No  
(A silent alarm is one that does not have any audible horn or siren or blinking lights at the site.)

**Applicant's or Owners Driver's License No.** \_\_\_\_\_  
DL Number State

**Alarm Company Name** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_  
Required only if your alarm is a subscription or 'pay for service' installation

Please list two (2) individuals or alarm/security company personnel that can and have agreed to respond to the location within 30 minutes of notification and grant access to police or fire personnel.

<b>Contact#1</b>	_____	_____
	Name	Telephone Number
<b>Contact#2</b>	_____	_____
	Name	Telephone Number

**Signature:** \_\_\_\_\_  
Signature of Applicant or Authorized Agent Date

The Applicant or Authorized Agent affirms that all the information contained herein is true and correct to the best of his/her knowledge. This application is good for a period of one year (12 consecutive months). *This permit may be revoked due to serious or continued violations of Chapter 2.3 of the City Code entitled Alarm Systems.*

**Approved:** \_\_\_\_\_  
Chief of Police or Designee Date