



ALARM PERMIT APPLICATION FOR RESIDENTIAL

City of Satellite Beach
565 Cassia Boulevard
Telephone: 321.773.4407

In order to assist/respond to residential locations, the City requires that an Alarm Permit application is filed each fiscal year (City Code Chapter 22).

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION BELOW FOR PROPER PROCESSING

ALARM USER/LOCATION: CONTACT PHONE NUMBERS:

Name 1: _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
Name 2: _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
Address: _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____

ADDRESS FOR MAILING CORRESPONDENCE: CONTACT PHONE NUMBERS:

Name: _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
Address: _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____

ALTERNATE CONTACTS: (Check box below if key holder) CONTACT PHONE NUMBERS:

Name: _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
Address: _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
<input type="checkbox"/> _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
Name: _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
Address: _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
<input type="checkbox"/> _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____

ALARM SERVICE PROVIDER: CONTACT PHONE NUMBERS:

Name: _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
Address: _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> _____
E-mail: _____	

TYPE OF ALARM:

Audible Burglar Fire Medical Silent

Signature: _____ Date: _____

APPLICATION FEE:

New \$15.00 Renewal No Fee Delinquent \$15.00

FOR OFFICE USE ONLY			
PERMIT #: _____	CC F.D. DEPT. <input type="checkbox"/>	CC P.D. <input type="checkbox"/>	STAFF INITIALS: _____ DATE: _____