

**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.

Contact#1	_____	_____
	Name	Telephone Number
Contact#2	_____	_____
	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