

# CITY OF MIAMI ALARM PERMIT APPLICATION

Alarm User(s) Name: Home Phone#: Work#: Cell #:

Address Apt./Suite Zip Code

Mailing Address Apt./Suite Zip Code

Type of Premises:  Res.  Bus.  Gov.  School  Exempt

**EMERGENCY CONTACT(S): LIST INDIVIDUALS TO RESPOND IN CASE OF EMERGENCY**

Contact Name: Home: Work: Cell:

Contact Name: Home: Work: Cell:

Contact Name: Home: Work: Cell:

**ALARM COMPANY MONITORING THE ALARM SYSTEM**

Name:

State License #

Phone#:

**ALARM COMPANY CURRENTLY SERVICING SYSTEM OR ORIGINAL INSTALLER**

Name:

State License #

Phone#:

MAIL APPLICATION TO: CITY OF MIAMI POLICE DEPT./ ALARM UNIT / P.O. BOX 016777/ MIAMI, FL 33101 – 305 603 6488

**FOR OFFICE USE ONLY: (Alarm Permit Expires September 30, \_\_\_\_\_)**

Permit No.: Date: Amount: Check#: Clerk Initials:

**\$82.50**