



**POLICE ALARM ANNUAL PERMIT RENEWAL  
BOCA RATON FINANCIAL & ALARM SERVICES  
201 W PALMETTO PARK ROAD, BOCA RATON, FL 33432**

**BUSINESS/NON-RESIDENTIAL**

**Permit #** \_\_\_\_\_ (PROVIDED BY ALARM ADMINISTRATOR)

**BILLING INFORMATION**

**ALARM LOCATION (if different from billing)**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Billing Contact:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**PERSONS TO BE CONTACTED IN THE EVENT OF A FALSE ALARM IN ORDER OF PRIORITY**

**Premise Manager** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Alarm Monitoring Company**

**Alarm Servicing Company**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Property Owner & Title** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

I certify that I understand and agree to the provision of the City of Boca Raton Code Ordinance 5074

**EXPIRES JANUARY 1, 2012**

\_\_\_\_\_  
Signature -Applicant on behalf of Alarm User

\_\_\_\_\_  
Signature-IF COMMERCIAL Alarm Service Company

\_\_\_\_\_  
Signature-Property Owner

\_\_\_\_\_  
Signature-Alarm Monitoring Company

**PLEASE COMPLETE FORM & RETURN TO CITY OF BOCA RATON**

**VIDEO ENHANCED EQUIPMENT, PLEASE CIRCLE YES OR NO**