

Sebastian Police Department



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 Sebastian, Florida 32958
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 Web Page: sebastianpd.org

Old Permit # _____
 Issue Date: _____

New Permit # _____
 Renewal Date: _____

ALARM SUBSCRIBER PERMIT APPLICATION

SUBSCRIBER INFORMATION

PLEASE PRINT CLEARLY

_____ Name of Resident or Name of Business	_____ Telephone Number
_____ Address of Alarmed Location	(Check one) Residence <input type="checkbox"/> Business <input type="checkbox"/> If Business, normal hrs. _____

SUBSCRIBER MAILING ADDRESS (If different then above)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Name of Resident or Business Telephone Number

ALARM COMPANY AND/OR MONITORING COMPANY:

Serviced by: _____

Name of Alarm Company Telephone Number

Monitoring by: _____

Name of Monitoring Company Telephone Number

TYPE OF ALARM (check all that apply)

Burglary Alarm Panic Alarm Audible Silent Date of

Installation: _____

(minimum of

month & year)

PREMISES INFORMATION (check all that apply)

Animals Chemicals/Haz-mat Who Owns Alarm Equipment: Resident Company

Sebastian City Ordinance 0-99-15, requires the alarm user to renew this permit every year and to provide any changes to the above information within ten calendar days effective April 03, 2000.

RESPONSIBLE REPRESENTATIVES:

List two responsible representatives that will be able to respond to an alarm activation.

Name	Day Phone	Night Phone
Name	Day Phone	Night Phone

The application fee of \$10.00 **must** be included with the application unless you already have a city decal. If you are paying by check or money order please make payable to the **City of Sebastian.**

Applicants Signature: _____ Date: _____

Accepted by: _____ Input by: _____ Date: _____

CASH

CHECK

CHECK # _____