

***USE ONLY IF YOU HAVE UPDATED INFORMATION**



Sebastian Police Department

1201 Main Street
Sebastian, Florida 32958
Email: spd@sunet.net

(772) 589-5233 EXT 8525
(Fax) (772) 388-1872
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

Applicants Signature: _____ Date: _____

Accepted by: _____ Input by: _____ Date: _____

CASH

CHECK

CHECK # _____