## OFFICE of THE SHERIFF CONSOLIDATED CITY of JACKSONVILLE ALARM REGISTRATION OFFICE 501 E. BAY ST. Rm 207 JACKSONVILLE, FL. 32202 (904) 630-2209

## ALARM REGISTRATION APPLICATION

REGISTRATION FEE: \$10.00 MAKE CHECKS OR MONEY ORDERS PAYABLE TO: OFFICE OF THE SHERIFF

NAME:	ADDRESS		APT#:	
CITYSTATE	ZIP	PHONE (H)	(W)	
DRIVER'S LICENSE#:		STATE		
FOR BUSINESS SITES ONLY	(A Tax Identification	number is required)		
COMPANY NAME:		ADDRESS	SU	ITE:
CITYST	'ATEZIP	PHONE	FAX	
OWNER/MANAGER (CIRCLE ON	E):	TAX ID # _		
BILLING ADDRESS( COMPLE	TE IF BILLING ADDI	RESS IS DIFFERENT FROM	M THE ACTUAL SITE A	DDRESS )
NAME:	ADDRE	ESS:	SU	ITE:
CITY:	STATE:	ZIP CODE:		
( <u>IN ORDER TO RECEIVE AN A</u> <u>SHERIFF'S OFFICE</u> )	ALARM DECAL YOU	UR ALARM COMPANY M	<u>IUST BE REGISTERE</u>	D WITH TH
LARM COMPANY NAME (INSTALLER):			COMPANY #:	
ADDRESS:	CITY_	STATE_	ZIP	
MONITORING COMPANY NAM	ANY NAME:		COMPANY # :	
	CUTTY		ZIP	
ADDRESS:	CTTY_	STATE_		
AS THE SUBSCRIBER FOR THIS A THE JACKSONVILLE MUNICIPAL OCCUR AS A RESULT OF OPERA SHERIFF'S OFFICE WITHIN 30 DA	LARM APPLICATION, CODE. I UNDERSTAN TING THIS ALARM S YS IF I HAVE NOT REC	, I DO AGREE TO COMPLY ID I AM RESPONSIBLE FOI YSTEM. <u>I FURTHER UNDE</u> CEIVED MY ALARM REGIST	WITH ALL PARTS OF C R ANY FALSE ALARMS O RSTAND THAT I MUST	HAPTER 168 OR FINES TH CONTACT T
THE JACKSONVILLE MUNICIPAL	LARM APPLICATION, CODE. I UNDERSTAN TING THIS ALARM S YS IF I HAVE NOT REC NG ANOTHER DECAL.	, I DO AGREE TO COMPLY ID I AM RESPONSIBLE FOI YSTEM. <u>I FURTHER UNDE</u> CEIVED MY ALARM REGIST	WITH ALL PARTS OF C R ANY FALSE ALARMS ( RSTAND THAT I MUST TRATION DECAL. AFTER	HAPTER 168 OR FINES TH CONTACT T WHICH I W

PURSUANT TO CHAPTER 168 OF THE JACKSONVILLE MUNICIPAL ORDINANCE. ALL ALARMS INSTALLED IN THE JURISDICTION OF JACKSONVILLE, DUVAL COUNTY, FLORIDA ARE REQUIRED TO BE REGISTERED WITH THE SHERIFF'S OFFICE. THE OPERATION OF A NON REGISTERED ALARM CONSTITUTES A CLASS D OFFENSE PUNISHABLE BY UP TO 90 DAYS IMPRISONMENT AND/OR UP TO A \$500.00 FINE.