

THE CITY OF FORT MYERS

P.O. BOX 141628, IRVING, TX 75014, Phone (888)-803-3046

020, INVING, 1X 73014, F11011e (000)-003-0

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.

ALARM PERMIT APPLICATION

CITY OF PALMS	Senior																										
Type of Alarm:		Residential Commercial							Govt Entity										В	ary [Robbery			Panic			
Name of Registration Holder:																											
Business Name:																											
Name of responsible party:																											
Alarm Location: (Include Building/Apt #)																											
(Include Suite or Unit #) City:																	Sta	ate:			2	Zip:					
Billing Address: (if different)																											
City:																	Sta	ate:			Z	Zip:					
Email Address:																											
Home Phone:														Cell	Pho	ne:											
Office Phone:][
EMERGENCY CONTACTS													_				_										
Name:																											
Phone #1:														Pho	ne #	2:											
Name:																											
Phone #1:													Phone #2:										\prod				
PECIAL CONDITIONS In order to ensure the safety of our officers, the public and to enable the Fort Myers Police Department to better protect your property, please provide information regarding potentially lazardous circumstances (i.e. guard animals, weapons, hazardous substances, etc.)																											
Comment:													Π														
ALARM INSTALLATION DET	AILS	3																									
Alarm Installation Date:			/[/ [Р	hone	e #: [
Alarm Installation Company:																											
Address:																											
Monitoring Company: (if different)																											
Address:																											
Phone #:																											
PLEASE READ THE FOLLOWING AND SIG			4	-0			-1				4- "	-		:	h '									"			41-
This is to certify that as the applying principal event that the alarm system is accidentally ac The Police response may be influenced by fa	ctivated	d, I also	o ackr	owled	ge tha	t the ir	stallat	ion cor	npany	left m	e a set	of wri	tten ins	structio	ns for	the ala	rm sys	stem, i	ncludin	g writt	en gui						
Signature: (Owner)															_		Date	e: [′]/				
In accordance with City of Fort Myers, FL Ord	inance	No. 38	319 Ar	ticle II	Alarm	Svster	ns. if v	ou have	e an ac	ctive a	larm sv	/stem i	n the C	itv of F	ort Mv	ers. Flo	orida. it	t must	be reai	stered	with th	ne Citv	for ar	annua	al fee lis	sted	

Registration: a) \$25 for Residential and Commercial

below:

b) \$12 for Senior 65 or Older

Renewal: a) \$25 for Residential and Commercial

b) \$12 for Senior 65 or Older

For Customer Service Call: 1-888-803-3046 Mail this form and payment to:

City of Fort Myers False Alarm Reduction Program P.O. BOX 141628, Irving, TX 75014