



Alarm Permit Tax - Application

Date _____

Permit # (If Known) _____

<input type="checkbox"/> \$10 - New Permit WITHOUT A Previous False Alarm	<input type="checkbox"/> \$20 - New Permit WITH A Previous False Alarm
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Type of Alarm System:	<input type="checkbox"/> Security	<input type="checkbox"/> Fire	<input type="checkbox"/> Panic
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Classification of Alarm:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
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<input type="checkbox"/> New	<input type="checkbox"/> Amended
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Building:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Rented
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PLEASE PRINT AND COMPLETE ALL INFORMATION

Alarm Location Address:	
Name: _____	
Address: _____	
City, State, Zip: _____	
Home Phone # _____	
Cell Phone # _____	

Billing Address:	
Business Name: _____	
Owner Name: _____	
Address: _____	
City, State, Zip: _____	
Home/Business Phone# _____	

911 INFORMATION / EMERGENCY USE

1st Contact Person:	
Name: _____	
Address: _____	
City, State, Zip: _____	
Home Phone # _____	
Cell Phone # _____	

2nd Contact Person:	
Name: _____	
Address: _____	
City, State, Zip: _____	
Home Phone # _____	
Cell Phone # _____	

3rd Contact Person:	
Name: _____	
Address: _____	
City, State, Zip: _____	
Home Phone # _____	
Cell Phone # _____	

Alarm Monitoring Company:	
Name: _____	
Address: _____	
City, State, Zip: _____	
Phone # _____	

St. Lucie County Ordinance 99.10 Sect 1-2.5-9(a)
The Application ***Shall*** be signed by the **ALARM USER**.

Signature: _____