



LAKE WORTH POLICE

ALARM PERMIT

OCCUPANT/BUSINESS INFORMATION

Name:		Contact Person:		
Address:		City:	State:	Zip:
Phone:	Fax:		Email:	

ALARM COMPANY INFORMATION

Company Name:				
Address:		City:	State:	Zip:
Phone:	Fax:		Email:	

EMERGENCY CONTACT INFORMATION

1. Emergency Contact Person	Name:	Phone:
2. Emergency Contact Person	Name:	Phone:
3. Emergency Contact Person	Name:	Phone:

ALARM SYSTEM INFORMATION

TYPE OF ALARM SYSTEM INSTALLED (PLEASE CHECK ALL THAT APPLY)				
<input type="checkbox"/> AUDIBLE	<input type="checkbox"/> SILENT	<input type="checkbox"/> FIRE	<input type="checkbox"/> BURGLARY	<input type="checkbox"/> ROBBERY/ HOLD UP
DOES ALARM RESET AUTOMATICALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO				

I hereby certify that I verified the application contents and know the same to be true and correct. I will comply with Lake Worth Ordinance #351, and all applicable state laws. I accept responsibility for payment of all fees that may result from the operation of the alarm system.

Applicant Signature:	Date:
Printed Name:	Title: