



CITY OF WEST PARK
 Security Alarm Permit Application
 West Park Alarm Administrator
 1965 South State Road 7
 West Park, FL 33023
 (954) 989-2688, EXT. 208

OFFICIAL USE ONLY

Permit No. _____

Date Issued. _____

ALARM SITE (Please Check Applicable Box)

Initial \$30.00 Annual

Renewal \$25.00 Annual

Street Address _____

Apartment or Unit Number _____

City, State, Zip _____

Location Name (Business) _____

Shopping Center, Apartment, or Office Complex _____

APPLICANT/PERMITTEE:

ROLE Owner Lessee Management Co.

TYPE Residential Business Government

Name or Business Name _____

If Business, provide Contact Person's Name _____

Mailing Address _____

City, State, Zip _____

Email Address _____

PHONE CONTACTS:

List your Phone Numbers alongside Permittee and add additional emergency contacts such as Key Holders, Neighbors and Relatives.

Type Name Home Phone Work Phone Mobile

Type	Name	Home Phone	Work Phone	Mobile
Permittee				

SECURITY ALARM:

Date Installed _____

Fire Yes No

Burglar Audible Silent

Robbery / Panic Audible Silent

Duress Yes No

Medical Audible Silent

Alarm Service Company and Phone Number _____

Alarm Service Company Address _____

Alarm Monitoring Company and Phone No. _____

City, State, Zip _____

I hereby agree to comply with the provisions per City of West Park Security Alarm System Policy.
 (For a copy of the policy, please contact the City).

I understand the alarm registration is valid for ONE (1) year from the date of the initial registration.

Authorized Signature _____ **Date** _____

Please mail the completed application with a check, cashier's check or money order to:
 City of West Park: 1965 South State Road 7, West Park, FL 33023