



# FIRE ALARM ANNUAL PERMIT RENEWAL

BOCA RATON FIRE RESCUE SERVICES –  
6500 CONGRESS AVENUE, SUITE 200, BOCA RATON, FL 33487

PERMIT # \_\_\_\_\_ (provided by alarm administrator)

## RESIDENTIAL

### BILLING INFORMATION

### ALARM LOCATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### PERSONS TO BE CONTACTED IN THE EVENT OF A FALSE ALARM IN ORDER OF PRIORITY

Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Alarm Monitoring Company

### Alarm Servicing Company (if different)

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ PHONE# \_\_\_\_\_

OWNER NAME & TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_

Business Phone \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

I certify that I understand and agree to the provision of the City of Boca Raton Code Ordinance 5074

## EXPIRES JANUARY 1, 2011

\_\_\_\_\_  
Signature-Property Owner

\_\_\_\_\_  
PRINT NAME OF OWNER