

LIGHTHOUSE POINT POLICE DEPARTMENT

APPLICATION FOR ALARM LICENSE

DATE _____

APPLICANT'S NAME _____

ADDRESS _____

TELEPHONE NUMBER (Home) _____ (Business) _____

Pursuant to Lighthouse Point City Code 26-56, I hereby make application to maintain an alarm system at the address listed below:

ADDRESS _____

BUSINESS NAME (if applicable) _____

TYPE OF PREMISES- RESIDENCE _____ BUSINESS _____

TYPE OF ALARM AUDIBLE _____ SILENT _____

ALARM COMPANY/ADDRESS/TELEPHONE _____

OTHER PERSONS AUTHORIZED TO DEACTIVATE ALARM WHEN YOU CANNOT BE LOCATED

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

HAS KEY TO PREMISES? _____ HAS KEY TO PREMISES? _____

Enclosed is my check in the amount of twenty-five dollars, made payable to the City of Lighthouse Point.

Signature of Applicant

Mail or bring this application to: Lighthouse Point Police Department
3701 NE 22 Avenue
Lighthouse Point, FL 33064

FOR OFFICE USE ONLY

LICENSE NUMBER _____ DATE ISSUED _____ ISSUED BY _____