



BURGLAR ALARM PERMIT UPDATE

COMPLETE ONLY CHANGE OF INFORMATION

This form may only be submitted and signed by the actual alarm permit holder.

PERMIT NO. AP _____

NAME: _____ PHONE: _____

ADDRESS OF ALARMED PREMISES: _____

BUILDING #: _____ APT/SUITE: _____ SUBDIV: _____

CITY: _____ STATE: _____ ZIP: _____ DRIVER LICENSE (Resident) OR FEIN (Business) # _____

E-MAIL ADDRESS: _____ SECONDARY E-MAIL ADDRESS: _____

TELEPHONE NUMBERS: HOME : _____ WORK: _____ OTHER: _____

BILLING ADDRESS (U.S. ONLY) I WOULD LIKE TO RECEIVE MY INVOICE STATEMENTS AT THIS ADDRESS:

ADDRESS: _____ PHONE: _____
(If different than above)
CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACTS: (LIST PERSONS WITH KEYS WHO CAN RESPOND TO THE ALARM WITHIN 15 MINUTES OF NOTIFICATION)

NAME: _____ PHONE: _____ PHONE: _____
Day Night
NAME: _____ PHONE: _____ PHONE: _____
Day Night
ALARM CO. NAME: _____ STATE LICENSE # _____ PHONE: _____
ADDRESS: _____
MONITORING CO. NAME: _____ STATE LICENSE # _____ PHONE: _____
ADDRESS: _____

I hereby request and authorize PBSO to update my Burglar Alarm Permit information as stated on this form.

PERMIT HOLDER'S SIGNATURE: _____ DATE: _____

After filling-in this form, please print, sign and date it, then either:

1. Email to: alarms@pbso.org

2. Fax to: 561-688-3691

3. Mail to: Palm Beach County Sheriff's Office
Attn: Alarm Unit
P.O. Box 24681
West Palm Beach, FL 33416-4681

New Occupants, please contact the Alarm Unit at (561) 688-3695