WEST PALM BEACH
POLICE DEPARTMENT

401 Clematis Street
PO BOX 1390
West Palm Beach, FL 33402

Dear Alarm Customer,

Enclosed please find a copy of the City of West Palm Beach Alarm Registration Application. This application is for residences and/or businesses within the corporate city limits of the City of West Palm Beach.

Pursuant to City Code of Ordinances for the City of West Palm Beach, 3609-02, Article II, Chapter 46;

- All entities utilizing an alarm system within the City of West Palm Beach are required to obtain an alarm registration.
- An alarm registration can be obtained by the submission of the attached alarm registration application, along with a non-refundable, non-transferable $25.00 fee. Payment can be made by check, or money order. No cash will be accepted.
- The alarm registration shall be effective for a term of 1 year, which shall begin October 1 and will be valid through the following September 30.
- The civil penalty accessed for false burglar alarms is as follows:
  - The first and second false alarm shall not be assessed within any 12 month period.
  - The third and fourth false alarms shall be assessed a $75.00 civil penalty.
  - The fifth and all subsequent false alarms shall be assessed a $100.00 civil penalty.
- Any change(s) of the information supplied in the application form shall be reported to the Police Department within 10 days of such change(s).
- Failure or refusal to comply can result in a civil penalty for $50.00 for each incident in addition to the civil penalty (above) as established by resolution of the City Commission.

Please submit the $25.00 annual fee with completed application to:

City of West Palm Beach
Police Department / Alarm Division
401 Clematis St.
PO BOX 1390
West Palm Beach, FL 33402

If you have any questions, please contact our Alarm Division at (561) 822-1940 from 8 a.m. to 4:30 p.m. Monday - Friday or visit our website http://wpb.org/alarms

WEST PALM BEACH

Alarm Registration Application

Instructions: Print legibly or type. Complete all applicable items. Complete a separate application for each address to be registered. Attach your check, payable to the City of West Palm Beach, for **$25.00** application fee and mail or deliver to:

City of West Palm Beach
Police Dept / Alarm Division
401 Clematis St.
PO BOX 1390
West Palm Beach, FL 33402

Questions? Please call **(561) 822-1940** or visit our website www.wpb.org/alarms

FOR OFFICIAL USE ONLY

Account #: _____

Receipt #: _____

Date Recd: ____/____/____

1) Alarm Location: Address of alarm to be registered. Complete a separate application for each address to be registered.

Address: _____ St: FL Zip: _____

Telephone: (____) ____-____ Receive Billing & Info via Email: _____

Mailing Address: (if different from alarm location)

Address: _____ St: _____ Zip: _____

Are you renting this property? YES ☐ NO ☐

If yes, enter Property Owner's Name: _____

2) Is the Alarm Location a Residence? YES ☐ NO ☐ If yes, skip to item 3. If no, please complete rest of application

Name of Business: _____

Owner's Name: _____

Address: _____ St: _____ Zip: _____

Telephone : (____) ____-____

Manager's Name: _____

Address: _____ St: _____ Zip: _____

Telephone : (____) ____-____

3) Alarm Company Information

Name of Alarm Monitoring Company: _____

Telephone : (____) ____-____

Name of Company maintaining/repairing/installing alarm: _____

Telephone : (____) ____-____

4) Responsible Party to be called in the Event of an Alarm or Emergency: *Note that the person(s) must be an authorized representative who can be notified by the police department, in the event of an activation of the alarm system, who shall be capable of responding to the premises within 45 minutes and who is authorized and able to enter the premises to ascertain the status thereof.

Name: _____ Home #: (____) ____-____ Other#: (____) ____-____

Name: _____ Home #: (____) ____-____ Other#: (____) ____-____

5) Alarm Customer Responsible for Above Location:

Last Name: _____ First Name: _____ Initial: _____

Mailing Address: (if different from above)

Address: _____ St: _____ Zip: _____

Telephone : (____) ____-____

6) Sign: _____ **Date:** _____

***NOTE: If information provided in application changes, you must notify the Police Dept. within 10 days.**