

**TOWN OF INDIALANTIC
APPLICATION FOR ALARM SYSTEM PERMIT**

APPLICANT _____ PHONE _____ DATE _____

APPLICANT'S ADDRESS _____

BUSINESS NAME _____ PHONE _____

BUSINESS ADDRESS _____

TYPE OF BUSINESS _____

OWNER _____

OWNER'S ADDRESS _____

TYPE REQUEST: New Alarm System () Permit Renewal ()

Number of businesses using Alarm System _____

EMERGENCY PHONE # _____

ALARM SERVICE COMPANY _____ PHONE _____

ADDRESS _____

APPLICANT'S SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

APPROVED _____ Date _____ Fee _____ Permit # _____

Expiration Date: September 30, 20 _____

DISAPPROVED _____ DATE _____ REASONS _____

Building Official

Decal Number _____

BUSINESS EMERGENCY NOTIFICATION FORM

Business Name

Business Address

Business Phone #

ALARM COMPANY INFORMATION

Alarm Company Name

Alarm Company Address, City, State, Zip Code

Alarm Company Phone Number

OWNER INFORMATION

Owner's Name

Owner's Address, City, State, Zip Code

Owner's Phone #

CONTACTS IN CASE OF EMERGENCY

Primary Contact's Name, Address and Phone #