



*"The Capital City of the Palm Beaches"*

**POLICE DEPARTMENT**  
*Alarm Division*  
**600 Banyan Blvd**  
*West Palm Beach, FL 33401-4514*  
*Telephone: (561) 822-1940*

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 the **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 assessed 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*  
*600 Banyan Blvd.*  
*West Palm Beach, FL 33401-4514*

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

*"An Affirmative Action / Equal Opportunity Employer"*



# City of 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, 600 Banyan Blvd, West Palm Beach, FL 33401-4514. **Questions?** Please call (561) 822-1940 for assistance or. Visit our website: [www.wpb.org/alarms](http://www.wpb.org/alarms)

### FOR OFFICIAL USE ONLY

**Account #:** \_\_\_\_\_  
**Receipt #:** \_\_\_\_\_  
**Date Recd:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**1) Alarm Location:** Address of alarm to be registered. Complete 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 Owners 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.**