

CITY POLICE PALATKA, FLORIDA

Permit Registration

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box.

Type of Alarm:	ı	Residential				Г	Commercial					Govermental					Permit #:											П
	ľ	Burglary				Robbery					Panic					7 0111110 11.				#	=	닏	+	=	닏	닏	=	믬
Type of System: Permit Holder Information	n l	'	_ building				LIKODDEIY				Panic					Date:				/			\perp	_/			<u>L</u>	Ш
Permit Holder Name:	I		L																						L			
Physical Address:																				Apt	/Bld	lg/Su	uite:					
City:																		Sta	ate:				Zip:					
First Phone:][Sec	ond	Pho	ne:											
Mailing Address: (if different)																												
City:																	s		ate:				Zip:					
Enroll to Go Paperless: [If enrolled, you opt for email notifications and you will no longer receive notifications by USPS.]															PS.)													
Email Address: (If enrolled to Go Paperless,					Γ	П	Г	Г	П		Г																П	П
valid email address is mandatory.				H	H	H	H	H	H	H	H	\vdash	H	一			H	_		Ħ		H			一	Ħ	F	Ħ
Hazardous materials, anin					L			L																	Ц_	Ш		Ш
List below two local contacts that can assist emergency personnel.															_													
First Contact Name:																									L			
Address:																												
First Phone:]	Second Phone:															
Second Contact Name:																												
Address:																												
First Phone:]		Second Phone:														
Contractor and Monitori	ng C	om	pan	y Inf	form	natio	n																					
Contractor/ Servicing Company:																												
Mailing Address:																												
City:				L			L											St	ate:				Zip:					
Telephone:																												
Monitoring Business Name:																												
Phone Number:			$\overline{\Box}$	Ī	T	T			Ī	\overline{T}	$\overline{}$	Date of Installation/Takeover:								T]/]/				
Date of Conversion:															_													
Annual Permit fee is \$25. Mailing address: City of P		-			-			ox 1	4051	7, In	ving,	TX	7501	4-05	517.													
For additional information	or a	ssis	tanc	e in	com	pleti	ng tl	nis p	ermi	t app	licat	ion,	pleas	se co	onta	ct the	e Fal	se A	larn	Red	duct	ion F	rogi	am	at 1-	877-	874	-6002
Applicant Signature:																Dat	e Sig	ned	: []/			/				