## OFFICE OF THE SHERIFF CONSOLIDATED CITY OF JACKSONVILLE ALARM REGISTRATION OFFICE 501 E. BAY STREET, ROOM 207 JACKSONVILLE, FL. 32202 (904) 630-2399 FAX (904) 630-2154

## **BUSINESS SITE ALARM REGISTRATION APPLICATION**

REGISTRATION FEE: \$10.LOCAL CHECKS ARE ACCEPTED AND SHOULD BE MADE PAYABLE TO "THE OFFICE OF THE SHERIFF." A DRIVER'S LICENSE OR FLORIDA I.D. NUMBER IS REQUIRED FOR PERSONAL CHECKS.

COMPANY NAME:				
ADDRESS		SUITE NUMBER		
CITY		STATEZIP		
OWNER/MANAGER NAME (CIRCLE ONE)				
TAX ID NUMBER DRIVER'S LICE	NSE/FLORIDA ID #		State	
TELEPHONE NUMBER (INCLUDE AREA CODE) COMPANY	′ (H	l)	(C)	
EMAIL ADDRESS (OPTIONAL)				
EMERGENCY CONTACT NAME				
EMERGENCY CONTACT TELEPHONE NUMBER (INCLUDE	AREA CODE)			
ALARM REGISTRATION DECAL SHOULD BE MAILED TO: SITE ADDRESS		BI	BILLING ADDRESS	
BILLING ADDRESS (COMPLETE IF BILLING ADDRESS IS	DIFFERENT FROM THE	E ACTUAL SITE A	DDRESS)	
NAME:				
ADDRESS:			SUITE:	
CITY:	STATE: _	ZII	P CODE:	
IN ORDER TO RECEIVE AN ALARM REGISTRATIO WITH THE JACKSONVILLE SHERIFF'S OFFICE.	N DECAL, YOUR AL	ARM COMPANY	' MUST BE REGISTERED	
ALARM INSTALLATION COMPANY		COMPANY #		
ALARM MONITORING COMPANY		COMPANY #		
AS THE SUBSCRIBER FOR THIS ALARM APPLICATION, I I JACKSONVILLE MUNICIPAL CODE. I UNDERSTAND I AM RESP OF OPERATING THIS ALARM SYSTEM. I FURTHER UNDERSTA HAVE NOT RECEIVED MY ALARM REGISTRATION DECAL.	ONSIBLE FOR ANY FALSI	E ALARMS OR FINE	S THAT OCCUR AS A RESULT	
SIGNATURE:		D	ATE:	
ALARM DECAL # (TO	BE ASSIGNED BY SH	HERIFF'S OFFIC	E PERSONNEL ONLY)	

PURSUANT TO CHAPTER 168 OF THE JACKSONVILLE MUNICIPAL ORDINANCE. ALL ALARMS INSTALLED IN THE JURISDICTION OF JACKSONVILLE, DUVAL COUNTY, FLORIDA ARE REQUIRED TO BE REGISTERED WITH THE SHERIFF'S OFFICE. THE OPERATION OF A NON REGISTERED ALARM CONSTITUTES A CLASS D OFFENSE PUNISHABLE BY UP TO 90 DAYS IMPRISONMENT AND/OR UP TO A \$500.00 FINE.