

# The City of Boynton Beach

## Police Department

"A CFA Accredited Law Enforcement Agency"

P.O. Box 310

Boynton Beach, Florida 33425-0310

Phone: (561) 742-6100

FAX: (561) 742-6185

Michael G. Gregory

Chief of Police

### BURGLAR, MEDICAL ALERT & FIRE OPERATING PERMIT APPLICATION

DECAL NUMBER: \_\_\_\_\_  
(Leave Blank)

ALARM TYPE:  Residential  Commercial

Chapter 2.5 requires all residences/businesses within the City limits of Boynton Beach to obtain an operating permit for an alarm system. The operating permit fee is a **one-time** registration fee of **\$30.00** and shall be active for an indefinite term from date of issuance. The permit shall be deemed invalid with change of ownership or tenancy of the property, to which the permit is assigned. Alarm decal must be displayed at the main entry or a conspicuous place at the front of the premises. **Upon completion of the application, please return with a check for \$30.00 payable to the City of Boynton Beach to the above address.**

#### ALARM LOCATION NAME/ADDRESS INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_, ST: \_\_\_\_\_, ZIP: \_\_\_\_\_

NEIGHBORHOOD: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### LIST 2 PERSONS WHO HAVE AGREED TO RECEIVE ALARM NOTIFICATION:

**\*If you have a cell phone list that number first\***

1. NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ALARM MONITORING COMPANY: NAME: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_