



FORT MYERS POLICE DEPARTMENT
 Honor * Ethics * Accountability * Respect * Teamwork
 2210 WIDMAN WAY * FORT MYERS, FL 33901 * (239) 321-7688 * FAX (239) 334-1731

CHIEF DOUGLAS E. BAKER

ALARM PERMIT APPLICATION
 * TYPE OR PRINT ONLY *

Alarm Permit # _____ Original Renewal _____ Permit will expire: **12/31/20**

 Name of Resident or Name of Business Telephone # at location

 Address of alarmed location Street Apt/Suite# Zip Code

Location Type: Residence: Business:

Mailing Address (For Fines & Correspondence)

Attention: _____ Address: _____

City: _____ State: _____ Zip: _____ Fax#: _____

Alarm Company/Type of Alarm (Check all that apply)

Is Alarm Monitored: Yes: No: Name of Alarm Company: _____

Burglary Alarm: Panic Alarm: Audible: Silent: Alarm Co. Phone # _____

Responsible Representatives

It is recommended to list three responsible representatives who will respond to an alarm activation to assist the Police in determining the cause of the alarm activation and to secure the premises.

	Keyholder 1 (City Ordinance Required)	Keyholder 2	Keyholder 3
Name:	_____	_____	_____
Telephone #	_____	_____	_____
Cell phone #	_____	_____	_____

As the permit holder:

I certify that all information contained herein is true and accurate; and
 I agree to comply with all sections of the Alarm Ordinance Number 2748*.

* Pursuant to all Alarm Ordinance No. 2748, Article 2, Sec. 3-22 – 3-30 alarms installed in the jurisdiction of The City of Fort Myers, Florida are required to obtain a permit for their legal operation. Violation of this ordinance constitutes a misdemeanor of the second degree, punishable as provided in Chapter 775, Florida Statutes.

The permit fee is \$35.00. Please make your check or money order payable to the City of Fort Myers and mail to: 2210 Widman Way, Fort Myers, Florida 33901 Attention: Marsha/Alarms Division.

 Applicant Signature Date

FOR OFFICE USE ONLY:

PERMIT WAS PAID BY: CHECK# _____ OR CASH _____ DATE RECVD: ____/____/____