

## **LIGHTHOUSE POINT POLICE DEPARTMENT**

### **APPLICATION FOR ALARM LICENSE**

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Pursuant to Lighthouse Point City Code 26-56, I hereby make application to maintain an alarm system at the address listed below:

ADDRESS \_\_\_\_\_

BUSINESS NAME (if applicable) \_\_\_\_\_

TYPE OF PREMISES- RESIDENCE \_\_\_\_\_ BUSINESS \_\_\_\_\_

TYPE OF ALARM AUDIBLE \_\_\_\_\_ SILENT \_\_\_\_\_

ALARM COMPANY/ADDRESS/TELEPHONE \_\_\_\_\_

---

**OTHER PERSONS AUTHORIZED TO**  
**DEACTIVATE ALARM WHEN YOU**  
**CANNOT BE LOCATED**

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

HAS KEY TO PREMISES? \_\_\_\_\_ HAS KEY TO PREMISES? \_\_\_\_\_

Enclosed is my check in the amount of twenty-five dollars, made payable to the City of Lighthouse Point.

---

Signature of Applicant

Mail or bring this application to: Lighthouse Point Police Department  
3701 NE 22 Avenue  
Lighthouse Point, FL 33064

\*\*\*\*\*

***FOR OFFICE USE ONLY***

LICENSE NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ ISSUED BY \_\_\_\_\_