

PRINT OR TYPE INFORMATION:

TPB REGISTRATION NO. \_\_\_\_\_

TOWN OF PALM BEACH  
360 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480

**ALARM SUBSCRIBER'S FILE CARD APPLICATION**

REGISTERED  
SUBSCRIBER'S NAME: \_\_\_\_\_

Address: (Premise) \_\_\_\_\_  
(Number) (Street Name) (Apt./Suite No.)

Phone Number: (Premise) \_\_\_\_\_

Billing Address: (if different) \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_  
Complete Mailing Address

Type of Alarm System: \_\_\_\_\_ Alarm Company Name: \_\_\_\_\_  
Internal External (Monitoring)

Alarm Company Address: \_\_\_\_\_ Alarm Company Phone: ( ) \_\_\_\_\_  
Address City/Zip

CLASSIFICATION  
PLEASE CIRCLE ONE:  
RESIDENTIAL  
COMMERCIAL  
FINANCIAL

**Emergency Information: (Able to respond within (30) minutes per request of the Police)**

1. \_\_\_\_\_  
Name Address/City Phone No:

2. \_\_\_\_\_  
Name Address/City Phone No:

3. \_\_\_\_\_  
Name Address/City Phone No:

\_\_\_\_\_ Date of Payment/Receipt No. \_\_\_\_\_ Calendar Year

It is the responsibility of the subscriber to notify the Police Department in writing of any changes of emergency information. All other changes should be directed to the Finance Department. Signature herein confirms that the alarm subscriber fully understands and complies with all applicable alarm ordinances. X \_\_\_\_\_