

# TOWN OF PEMBROKE PARK

3150 SW 52 AVENUE • PEMBROKE PARK, FLORIDA 33023 • (954) 966-4600 EXT. 214 • (954) 966-5186 FAX

## NOTICE TO REGISTER

The Town of Pembroke Park requires that users of a burglary and/or fire alarm system shall register such system as stated in Ordinance 96-8-1 (Period of registration Oct. 1 – Sept. 30). Complete the form below and return with payment to the Town of Pembroke Park (address listed above). Upon receipt of this form and payment, the Town will provide a registration and decal for posting at your business/residence.

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## ALARM REGISTRATION FORM

Registration Type:    \_\_\_ New (FEE \$35.00)    \_\_\_ Renewal (FEE \$10.00)

Owner/Company Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Local Address \_\_\_\_\_ Bldg \_\_\_\_\_ Unit/Bay \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

<p>PLEASE COMPLETED THIS SECTION WITH AT LEAST ONE EMERGENCY CONTACT PERSON LISTED. REMEMBER, WITHOUT THIS INFORMATION WE CANNOT CONTACT YOU IF THERE IS AN EMERGENCY.</p>	<b>EMERGENCY CONTACT</b> <b>(PERSON (S) AUTHORIZED TO ENTER PREMISES ON BEHALF OF THE OWNER)</b>	
	NAME: _____	NAME: _____
	TELEPHONE NUMBERS	TELEPHONE NUMBERS
	(DAY): _____	(DAY): _____
	(EVENING): _____	(EVENING): _____

**I hereby certify that all of the above information is true and correct.**

 Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>			
This form was accepted in the Business Tax / Billing Division by (Name) _____		(Date) _____	
ALARM FEE: \$ _____	DATE PAID: _____	ALARM NUMBER _____	DATE ISSUED: _____
ACCOUNT NUMBER: _____			