| OFFICE OF SHERIFF<br>She God Burge<br>She God Burge<br>She She She She She<br>Sha She She She<br>She She She She She<br>She She She She She She She She She<br>She She She She She She She She She She   | Jacksonville Sherin's Office Alarm Permit Application |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                | CK             | e type or print in<br>K CAPITAL LETTERS<br>r inside the box. |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
|--|---|--------------------------|-------------------|------------------|-----------------|--------------------|---------------|-----------------|------------------|-----------------|------------------|------------------|--------------------|----------------|----------------|--|-------------------|-----------------|--------|--------------------------|-----------------|-----------------|-----------------------------|------------------|-------------------|-------------------|-------------------|
| (Please print)   |   | RES                      | SIDE              | NTI              |                 | E                  | SUSI          | NES             | s [              |                 | SOV              | T. EI            | ידודע              | Y              |                |  |                   |                 |        |                          | Bu              | rglar           | у                           | Rc               | bbe               | ry/Pa             | anic              |
| Name of Registration Holder:   |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| Business Name:   |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| Name of responsible party:   |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| Alarm Location:<br>(Include Building/Apt #)<br>(Include Suite or Unit #)<br>City:  |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  | St                | ate:            |        |                          |                 | Zip:            |                             |                  |                   |                   |                   |
| Billing Address:<br>(if different)   |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| City:  |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  | Sta               | ate:            |        |                          | Z               | Zip:            |                             |                  |                   |                   |                   |
| Email Address:   |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| Home Phone:  |   |                          |                   |                  | Т               | Τ                  |               |                 |                  |                 |                  |                  | (                  | Cell           | Pho            | ne:  |                   |                 |        |                          | Τ               | Τ               | ור                          |                  | Τ                 |                   | Ξ                 |
| Office Phone:  |   |                          |                   | İΓ               | Ť               | Ť                  | Ĩ             |                 |                  |                 |                  | ĺ                |                    |                |                |  |                   | _               |        |                          |                 |                 |                             | _                | _                 |                   |                   |
| EMERGENCY CONTACTS   |   |                          |                   |                  | _               |                    |               |                 |                  |                 |                  | 1                |                    |                |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| Name:  |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| Phone #1:  |   |                          |                   | ][               |                 |                    |               |                 |                  |                 |                  | ]                |                    | Pho            | ne #           | 2:   |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| Name:  |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| Phone #1:  |   |                          |                   | ][               |                 |                    |               |                 |                  |                 |                  |                  |                    | Pho            | ne #           | 2:   |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| SPECIAL CONDITIONS<br>In order to ensure the safety of our officers, the public and to enable the Jacksonville Sheriff's Office to better protect your property, please provide information regarding potentially hazardous<br>circumstances (i.e. guard animals, weapons, hazardous substances, etc.) |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    | ardous         |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| Comment:   |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  |                   |                 |        |                          |                 |                 |                             | Γ                |                   |                   | $\square$         |
| ALARM INSTALLATION DET   | AILS  | <b>5 -</b> AI            | arm (             | Contra           | actors          | that h             | nave r        | egiste          | ered w           | ith the         | e JSC            | are li           | sted o             | n-line         | e at hi        | ttps://\   | www.f             | amsp            | ermit. | com/、                    | Jacks           | onville         | ;                           |                  |                   |                   |                   |
| Alarm Installation Date:   |   |                          | /                 |                  |                 | / [                |               |                 |                  |                 |                  |                  |                    |                |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| Alarm Installation Company:  |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| Monitoring Company:<br>(if different)  |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    |                |                |  |                   |                 |        |                          |                 |                 |                             |                  |                   |                   |                   |
| PLEASE READ THE FOLLOWING AN<br>This is to certify that as the applying pr<br>and practices to follow in the event tha<br>system, including written guidelines on<br>traffic conditions, emergency condition   | incipa<br>t the a<br>how t                            | l, my<br>alarm<br>to avc | syste<br>oid fal  | m is a<br>se ala | accide          | entally            | activ         | ated,           | l also           | ackn            | owled            | lge tha          | at the             | insta          | llatior        | o com  | bany l            | eft me          | e a se | et of w                  | ritten          | instru          | uction                      | ns for t         | the ala           | arm               |                   |
| Signature: (Owner)   |   |                          |                   |                  |                 |                    |               |                 |                  |                 |                  |                  |                    | _              |                |  | Date              | e:              |        | /                        | /               |                 | ]/                          |                  |                   |                   |                   |
| In accordance with the Chapter 168 of shall be paid by the Alarm user. No re   | Jacks<br>fund c                                       | onville<br>of a re       | e, FL (<br>gistra | Ordin<br>tion fe | ances<br>ee wil | s, if yo<br>I be m | u hav<br>ade. | e an a<br>For 1 | alarm<br>Ist & 2 | syste<br>2nd fa | m in t<br>Ise al | he city<br>arm n | / limits<br>o char | , it m<br>ges. | ust b<br>3rd f | e regis<br>alse a  | stered<br>Ilarm i | . The<br>s \$50 | fee fo | or an <i>l</i><br>4th fa | Alarm<br>Ise al | Regis<br>arm is | strations \$10 <sup>0</sup> | on is s<br>0.00, | et fort<br>5th fa | h belo<br>alse al | ow and<br>larm is |

shall be paid by the Alarm user. No refund of a registration fee will be made. For 1st & 2nd false alarm no charges, 3rd false alarm is \$50.00, 4th false alarm is \$100.00, 5th false alarm is \$100.00, 5th false alarm is \$150.00, 6th false alarm is \$250.00, 7th false alarm or above Jacksonville Sheriff's Office will not respond to burglar alarm calls but will continue to respond to panic or robbery alarm calls and the alarm user will be charged \$250.00 for each false alarm. The alarm user can apply for a new permit one year from the date their permit was suspended due to 7 false alarms. A new permit will not be issued until all prior false alarm fines and fees are paid.

Existing Alarm Systems: \$20.00

## Registration Fees for Residential / Commercial:

## New Alarm Systems:

\$10.00 - If registration completed within 30 days from the alarm installation date \$20.00 - If registration not completed within 30 days from the alarm installation date

Renewal Fees for Residential / Commercial:

\$0.00 - If renewal is completed within 30 days prior to and after the expiration date \$20.00 - If renewal is completed after 30 days of the expiration date For Customer Service Call: 1-877-883-0677 Mail this form and payment to: Jacksonville Sheriff's Office False Alarm Reduction Program P.O. Box 141925, Irving, TX 75014