



---

**TOWN OF LAKE CLARKE SHORES**  
**ALARM PERMIT**  
(Residential or Commercial)

---

**Residential Renewal and New Application - \$30.00**  
**Commercial New Application - \$100.00**  
**Commercial Renewal - \$30.00**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

WORK TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**ALARM MONITORED: YES \_\_\_\_\_ NO \_\_\_\_\_**

*If monitored, company name and telephone number is required*

ALARM COMPANY NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**Name and telephone number of individuals to contact in case of an emergency:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

An "emergency" as used above would be in the event of evidence of a break-in, attempted break-in, fire or damage to the home. "Emergency" does not include notifications concerning malfunctions or excessive alarms. The maintenance of the alarm system is solely the responsibility of the owner and whatever contractual relationship the owner has with the alarm company. The Town assumes no responsibility for the proper maintenance or functioning of an alarm system, or notification of any individual malfunctions of the alarm system.

**PLEASE RETURN THIS FORM, PAYMENT AND A SELF-ADDRESSED STAMPED ENVELOPE TO ADDRESS BELOW. PLEASE MAKE CHECKS PAYABLE: TOWN OF LAKE CLARKE SHORES.**

Town of Lake Clarke Shores  
Attention: Building Department  
1701 Barbados Road  
Lake Clarke Shores, Florida, 33406

**FOR OFFICE USE ONLY**

STICKER # \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_