



City of Opa-locka Alarm Application



Please fill in the appropriate responses and mail with payment to **Buildings & Licenses Department, City of Opa-Locka 780 Fisherman St., Opa-Locka, FL 33054.** Payment can be made in the form of money order, personal or business check, payable to **City of Opa-Locka.** **All areas must be completed:**

Office Use Only	Type of Application	<input type="checkbox"/> New Permit \$75 <input type="checkbox"/> Renewal/WOFA \$25 <input type="checkbox"/> Renewal/WFA \$75 <input type="checkbox"/> Change of Information
	Type of Permit	<input type="checkbox"/> Residential <input type="checkbox"/> Business
Office Use Only	Type of Alarm	<input type="checkbox"/> Standard Burglar <input type="checkbox"/> Silent Robbery <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Listening Device
Address of Alarm Site		
Mailing Address if Different		
Business Name		
List the name of your alarm company and two persons who will come to your residence or business if needed by law enforcement.		
Alarm Company		
Alarm Company Address		
Address:		
Phone:		
1st Contact		
Name:		
Phone:		
2nd Contact		
Name:		
Phone:		
List address, phone and driver's license number for the person who is responsible for the alarm at the location		
Person Responsible		
Phone:		
Drivers License Number		

By my signature below; I acknowledge that I agree to comply with the City of Opa-Locka Ordinance No. 99-16, § 1, 9-22-99, in the operation of the alarm at the above listed site.

Signature

Printed Name

Date