## CITY OF MIRAMAR APPLICATION FOR PERMIT FOR BURGLAR ALARM SYSTEM SECTION 3-27 OF THE MIRAMAR CITY CODE

## **REGISTRATION FEE - \$50.00**

NAME OF RESI	DENT(s)/BUSINESS:			
MAILING ADDR	RESS (If separate):			
RESIDENT/BUS	SINESS ADDRESS:			
BUSINESS OW	NER(s) NAME:			_
TELEPHONE NU	JMBER(s):			
HOME:	BUSINESS	5:	OTHER	:
EMERGEN	CY CONTACT INFORI	who d		he above address,
Name	A	Address	٦	Telephone Number
I understand	that I am responsible for all vithin 15 days of such chang	information provided		
I understand be reported w	that I am responsible for all	information provided	d. Should this infor	mation change, it shall
I understand be reported w Applicant's Sig	that I am responsible for all vithin 15 days of such chang	information provided	d. Should this infor	mation change, it shall
I understand be reported w Applicant's Sig	that I am responsible for all vithin 15 days of such chang gnature:	information provided le.	d. Should this infor	mation change, it shall
I understand be reported w Applicant's Sig	that I am responsible for all vithin 15 days of such chang gnature:  ONITORING COMPAN	information provided le.  NY:  Y, INC.	d. Should this infor	mation change, it shall
I understand be reported w Applicant's Sig	that I am responsible for all vithin 15 days of such chang gnature:  ONITORING COMPAN  MAXIMUM SECURIT	information provided le.  NY: Y, INC. Y, MIAMI, FL	d. Should this infor	mation change, it shall

Submit your completed burglar alarm registration application and the registration fee of \$50.00, payable to the City of Miramar to:

CITY OF MIRAMAR
CODE COMPLIANCE DIVISION
2200 CIVIC CENTER PLACE

(Intersection of Red Rd & Hiatus Rd)

**MIRAMAR FL 33025-6577** 

Telephone 954/ 602-3186