

**TOWN OF LANTANA  
ALARM PERMIT APPLICATION**

Permit Number Issued \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Name \_\_\_\_\_  
D.B.A. \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Alarm Location \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Installation Date \_\_\_\_\_

**EMERGENCY CONTACTS:**

1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**ALARM INSTALLER** \_\_\_\_\_  
D.B.A. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

**ALARM MONITOR** \_\_\_\_\_  
D.B.A. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

**ALARM MAINTAINER** \_\_\_\_\_  
D.B.A. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby agree to promptly pay or lawfully contest any penalties assessed against me for an excessive number of false alarms as described by Ordinance No. 0-3-92, and understand that this agreement will inure to my successors and assigns.

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