

HYPOLUXO FALSE INTRUSION ALARM REGISTRATION - DECAL # H _____

OWNER/REGISTRANT NAME _____

D.B.A. _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

* Alarm Location _____

City Hypoluxo _____ Sate Florida _____ Zip 33462- _____

EMERGENCY CONTACTS:

1) Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

2) Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary 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 # _____

ALARM INSTALLER: _____

D.B.A. _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone # _____

The undersigned alarm user understands: 1) The alarm user, the user's heirs and successors in interest, must promptly pay or lawfully contest any penalties assessed against the alarm user for an excessive number of false alarms, 2) Notification of any changes in the above information shall be provided within 10 days of the change and 3) In an emergency he/she is to call 911. However, he/she is responsible for immediately informing the alarm monitoring company to call 1-561-540-5701 in a police emergency. Alert! Register your Fire Alarm with the City of Boynton Beach 1-561-742-6600, one time cost of \$30.

PRINT NAME: _____

SIGNED: _____ **DATE:** _____