



TOWN OF MEDLEY

BUILDING DEPARTMENT

7777 NW 72nd Avenue

Medley, Florida 33166

Office 305-887.9541 ● Fax 305-885-6928

LOW-VOLTAGE ALARM LABEL BULK PURCHASE FORM

(This does not include installation or replacement of a Fire Alarm System)

FS 553.793

Submit this completed request in person, by email at building@townofmedley.com or via fax at **305-887-6928**

I/We request to purchase bulk low voltage alarm labels (permits) for the installation of low-voltage alarm systems under State of Florida Statute 553.793

Request Date: _____

Number of labels requested: **(10 Max)** _____

Company Name: _____

Company Contact: _____

Phone # _____

Name of Business (Contractor) _____

Contractor Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell _____

Email Address (required): _____

We are requesting to purchase the above-mentioned low voltage alarm installation labels (permits) from the Town of Medley. I/We understand this/these labels are non-refundable and must be used within twelve (12) months of the purchase date or will expire. I/We have read the rules governing this program and will abide by all rules and regulations governing this program and Florida Statute §553.793. All installations will fully comply with the governing rules and regulations.

Signature of Qualifier: _____

Qualifier Printed Name: _____

FOR OFFICE USE ONLY

LABELS #'S ISSUED:

| | |
|-----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

AMOUNT DUE: _____

CLERK INITIALS _____

PAYMENT REC'D ON

TYPE OF PAYMENT REC'D

A copy of this form must be saved at each of the above label's number issued.