



**City of Coral Gables
Development Services Department**

**UNIFORM NOTICE OF
LOW-VOLTAGE ALARM SYSTEM**

Permit # _____ Folio # _____
Property Address: _____

Owner/Tenant:

Owner's or Customer's Name: _____
Owner's or Customer's Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ E-mail Address: _____

Contractor:

Contractor's Company Name: _____
Date Project Started: _____ Cost of work: _____
Scope of Work: _____

Notice is hereby given that a low-voltage alarm system project has begun at the address specified above. I certify that all of the foregoing information is true and accurate.

Signature of Owner, Tenant, Contractor, or Authorized Representative Date: _____

Registration Acknowledgement:

I _____ the owner/tenant of the property specified above will register the alarm system with the City of Coral Gables Finance Department.

Owner/tenant Signature _____ Date _____

STATE OF FLORIDA)
ss.
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and subscribed before me this ____ day of _____, in the year _____, by _____ who has taken an oath and is personally known to me or has produced _____ as identification.

My Commission Expires: _____
Notary Public