



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

(To be submitted within 14 days of installation per s.489.503, s.553.793)

Permit Label # _____

Owner or Customer's Name: _____

Owner or Customer's Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

E-Mail Address: _____

Contractor's Name: _____

Contractor's Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____

Contractor's License Number: _____

Date Project Completed: _____

Scope of Work: _____

Valuation of Project: \$ _____

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

(Signature of Owner, Contractor or Authorized Representative)

(Date)

Telephone: (352) 483-5462

Fax: (352) 589-2651

E-mail: building@eustis.org