

Sunshine State Security, Inc.  
8815 Conroy Windermere Rd. #207  
Orlando, FL 32835

Lic: EG0000209 FL  
Licensed, Bonded, Insured  
Office: 407-226-8844  
Fax: 407-876-9893

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**ALARM CERTIFICATE REQUEST FORM**

**AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTY**

Account Number: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Premise Address: \_\_\_\_\_

Insurance Agent's Name: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

Agent's Fax Number: \_\_\_\_\_

(Alarm Certificate will be faxed to Insurance Agent unless otherwise specified)

By signing below, I authorize Sunshine State Security Inc. to release information and documentation relating to my burglar alarm system and or other protective devices, including type and quantity of equipment installed on premises and level/type of monitoring services provided thereon, to the Insurance Agent or other third party ("Recipient") provided above. I understand that once this information is transmitted to Recipient, Sunshine State Security Inc. is not responsible for how that information is used, stored, or transmitted by Recipient; and, shall hold Sunshine State Security Inc. harmless for any misuse or mishandling of the information and/or documentation by Recipient.

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_