



# SUNSHINE STATE SECURITY

8815 Conroy Windermere Rd. 207, Orlando , FL 32835  
Office - (407) 226-8844 ; Fax - (877) 895-5449 Licensed, Bonded , Insured  
*Request@sunshinestatesecurity.com*

## ALARM CERTIFICATE REQUEST FORM

### AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTY

**REQUEST@SUNSHINESTATESECURITY.COM**

AccountNumber: \_\_\_\_\_

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: \_\_\_\_\_