

Once completed, this form must be printed, signed and then submitted to the appropriate City of Lewisville department along with any required fees.

CITY OF LEWISVILLE - ALARM SECTION

P O Box 299002
 Lewisville, TX 75029-9002
 Phone 972.219.3430
 Fax 972.219.5097

ALARM REGISTRATION / RENEWAL

Please review information for accuracy, mark through any incorrect data, write corrections above lined out portion, sign, date and return corrections to the Alarm Section. If annual registration renewal, return form with payment. Complete only those sections that apply.

\$50.00 registration/renewal fee enclosed (Check or money order payable to the City of Lewisville.)

ALARM TYPE: Burglary Fire HOLDUP Other Panic Expires:

| LOCATION: | RESPONSIBLE PARTY: |
|------------------|---------------------------|
|------------------|---------------------------|

| | |
|---|--|
| Name (Last, First or Business Name) Street Address Apt/Suite Email Address City, State, Zip Ph 1: Ph 2: | Name (Last, First) Street Address Apt/Suite Email Address City, State, Zip Ph 1: Ph 3: Ph 2: Ph 4: |
|---|--|

| CONTACT PERSON 1 | CONTACT PERSON 2 |
|-------------------------|-------------------------|
|-------------------------|-------------------------|

| | |
|--|--|
| Name (Last, First) Street Address Apt/Suite Email Address City, State, Zip Ph 1: Ph 3: Ph 2: Ph 4: | Name (Last, First) Street Address Apt/Suite Email Address City, State, Zip Ph 1: Ph 3: Ph 2: Ph 4: |
|--|--|

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|-----------------------------------|-----------------------------------|
| <u>SPECIAL CONDITIONS:</u> | <u>SPECIAL CONDITIONS:</u> |
|-----------------------------------|-----------------------------------|

| MONITORED BY: | SERVICED BY: |
|----------------------|---------------------|
|----------------------|---------------------|

| | |
|---|---|
| Company Name Street Address Apt/Suite City, State, Zip Phone 1 Phone 2 | Company Name Street Address Apt/Suite City, State, Zip Phone 1 Phone 2 |
|---|---|

| | |
|-----------------------------------|------|
| Signature of Alarm Location Owner | Date |
|-----------------------------------|------|