

CITY OF LEWISVILLE - ALARM SECTION

P. O. Box 299002
Lewisville, TX 75029-9002
Phone 972-219- 3430
Fax 972- 219-5097

Expiration Date:

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ALARM REGISTRATION/ RENEWAL

Please review information for accuracy, mark through any incorrect data, and write corrections above lined out portion. If this is a renewal, return form with payment. Complete only those sections that apply.

\$50.00 registration/renewal fee enclosed (Check or money order payable to City of Lewisville) You may also pay in person at the City Hall or pay with a Visa or Mastercard by phone. A credit card fee of \$1.50 will be assessed.

LOCATION		MAILING ADDRESS	
NAME (FIRST, LAST, OR BUSINESS NAME)		NAME (FIRST, LAST, OR BUSINESS NAME)	
STR # STREET NAME APT/SUITE		STR # STREET NAME APT/SUITE	
CITY, STATE ZIP		CITY, STATE ZIP	
PHONE 1	PHONE 2	PHONE1	PHONE2
Email Address:			

By checking this box you agree to have all Correspondence sent to you by Email

CONTACT PERSON 1		CONTACT PERSON 2	
NAME (FIRST, LAST)		NAME (FIRST, LAST)	
PHONE 1	PHONE 2	PHONE 1	PHONE 2

SPECIAL CONDITIONS

MONITORED BY:

Signature of Alarm Location Owner _____ Date _____