



CITY OF LEWISVILLE - ALARM SECTION

P. O. Box 299002
Lewisville, TX 75029-9002

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) LAST, FIRST
STR # STREET NAME APT/SUITE eMAIL ADDRESS STR # STREET NAME APT/SUITE eMAIL ADDRESS
CITY, STATE ZIP Ph1 Ph2 CITY, STATE ZIP Ph1 Ph2 Ph3 Ph4
PHONE 1 PHONE 2 PHONE 1-2 PHONE 3-4

CONTACT PERSON 1 CONTACT PERSON 2
NAME (LAST, FIRST) NAME (LAST, FIRST)
STR # STREET NAME APT/SUITE eMAIL ADDRESS STR # STREET NAME APT/SUITE eMAIL ADDRESS
CITY, STATE ZIP Ph1 Ph2 Ph3 Ph4 CITY, STATE ZIP Ph1 Ph2 Ph3 Ph4
PHONE 1-2 PHONE 3-4 PHONE 1-2 PHONE 3-4

SPECIAL CONDITIONS

MONITORED BY SERVICED BY
COMPANY NAME COMPANY NAME
ADDRESS (STR # STREET NAME APT/SUITE ADDRESS (STR # STREET NAME APT/SUITE
CITY, STATE ZIP CITY, STATE ZIP
PHONE 1 PHONE 2 PHONE 1 PHONE 2

Signature of Alarm Location Owner

Date