



LEWISVILLE
 Deep Roots. Broad Wings. Bright Future.

Mail, Fax, or Email Applications to:
City of Lewisville
Attn: ALARMS
P.O. Box 299002
Lewisville, TX 75029-9002
Phone: 972-219-3430 Fax: 972-219-5097
Email: ub@cityoflewisville.com

Alarm Permit # _____
 Expiration Date: _____

ALARM PERMIT APPLICATION/RENEWAL

Application MUST include a check or money order payable to CITY OF LEWISVILLE. A credit card payment can be processed over the phone by calling 972-219-3441. The annual permit fee is \$50.00

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 PHONE 2
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

ALARM TYPE	MONITORED BY
___ FIRE ___ BURGLARY ___ HOLDUP/PANIC ___ MEDICAL	

SPECIAL CONDITIONS

CANCELLATION OF ALARM PERMIT
I authorize the termination of my permit for the following reason: _____ Note: 1. If you have discontinued your monitoring service, but continue to operate your alarm system and it emits an audible sound, you are still required to have a permit. 2. The permit cannot be cancelled if there are any outstanding False Alarm fees on the account. 3. An alarm permit for a residential unit may be transferred during the 12-month period for which the permit was issued.

Signature of Alarm Location Owner _____ Date _____