Alarm User Registration Application

(Intrusion or Fire Alarm System)

12350 W 87 Street Pky
P.O. Box 14888
Lenexa, KS 66285-4888

Phone 913-477-7500
Fax 913-477-7730
www.ci.lenexa.ks.us

COMMERCIAL ALARM Name of Business _____

Business Telephone (_____)_____ Business License Number _____

RESIDENTIAL ALARM Alarm User Name(s) _____

Home Telephone (_____)_____

Alarm Service Address: _____ _____ _____
Street # and Name | Apt / Suite / Unit # | Zip

Monitoring Alarm Company:_____

Mailing Name and Address (if different from Service Address):_____
Company Name

_____ _____ _____
Street # and Name | Apt / Suite / Unit # | City / State / Zip

_____
Attention:

At the address you are registering, do you (circle one): Own Rent Lease

Is the property you are registering (circle one): Commercial Residential

Emergency Contact Information

Name	Relationship to alarmed premises	Home Phone Number	Alt. Phone Number (please indicate Cell or Work)
		( )	( )
		( )	( )

Alarm User's Signature: _____ Date: _____

Alarm Registration fee is **$15.00**. *We regret we are unable to refund fees for discontinued alarm systems.* Your alarm registration will be valid through December 31 of this year. Thereafter, an annual invoice will be mailed to you.

□ Payment by Check – make check payable to **City of Lenexa**.

□ Payment by Credit Card

Please Circle: Visa / MC / AE / Discover Card #_____ Exp Date _____/_____

V- Code #_____ Signature _____ Tel # (_____)_____

8/20/09