



Alarm User Registration Application
(Intrusion or Fire Alarm System)
 12350 W 87 Street Pky Phone 913-477-7500
 P.O. Box 14888 Fax 913-477-7730
 Lenexa, KS 66285-4888 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 <small>(please indicate Cell or Work)</small>
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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 # () _____