

Permit Number

LFUCG ALARM USER PERMIT APPLICATION

Lexington Division of Police
False Alarm Reduction Unit
150 E. Main St
Lexington, KY 40507

Phone: (859)425-2364 Fax: (859)258-3574

Email: alarms@lexingtonky.gov Website: www.lexingtonky.gov/alarms



A PERMIT FEE OF \$15.00 PER YEAR MUST BE SUBMITTED WITH THIS APPLICATION IN THE FORM OF CHECK OR MONEY ORDER MADE PAYABLE TO LFUCG. PERMITS ARE NOT TRANSFERABLE TO A NEW ADDRESS OR OWNER. Please type or print clearly. All sections must be completed. Incomplete applications will be returned.

Type of Application: (check one)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Update only (no fee)
Type of Permit: (check one)	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Exempt (State, Federal. & Local Gov. agencies)

PERMIT APPLICANT INFORMATION

Business Name: (if applicable)		Business Phone #
Resident/Homeowner Name #1:		
Home Phone #	Cell Phone #	Work Phone #
Resident/Homeowner Name #2:		
Home Phone #	Cell Phone #	Work Phone #
Alarm Location Address and Suite or Apt #:		
City:	State:	ZIP Code:

MAILING/BILLING ADDRESS (if different from above)

Business/Corporate Name or Person Name:		
Address and Suite or Apt #:		
City:	State:	ZIP Code:

EMERGENCY CONTACTS

(List two people, other than the owner, who can respond to alarm activation within 30 minutes)

Contact #1:	Home Phone #	Cell Phone#
Contact #2:	Home Phone#	Cell Phone #

ALARM COMPANY AND/OR MONITORING COMPANY

Alarm Company:	Civa Inc. d/b/a Vacuflo of KY	Phone #	859-276-0404
Monitoring Company (if different from Alarm Co):	Affiliated Central	Phone #	800-434-4000

ACKNOWLEDGEMENT

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all the provisions of the city of Lexington, Fayette County Code of Ordinance No 56-2005 with applicable State laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above premise. Permit/Registration of an alarm system is not intended to, nor will it, create a contract, duty, or obligation, either expressed or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. It is the alarm owner's responsibility to prevent false alarms, and assure that all users of the system are trained on the proper use of the system. Also to notify the False Alarm Reduction Unit along with your alarm company of any changes to this information.

Signature of applicant:	Date:
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Mail To: Lexington Division of Police
False Alarm Reduction Unit
150 E. Main St
Lexington, KY 40507

For Department Use Only

CK/MO# _____

AMT: _____

DATE REC: _____

Annual renewal of security alarm systems is **required** by Lexington-Fayette County Ordinance #56-2005. Higher fines may be imposed for failure to renew your alarm system registration.