

Permit/Registration No.

FALSE ALARM REDUCTION UNIT

Lexington Division of Police
150 E. Main St Lexington, KY 40507
Phone (859)425-2364 Fax (859)258-3574
Email:alarms@lfucg.com
Website: www.lexingtonky.gov



ALARM USER PERMIT REGISTRATION
NON-TRANSFERABLE TO NEW ADDRESS OR OWNER
A NON-REFUNDABLE \$15.00 PERMIT/REGISTRATION FEE MUST BE SUBMITTED IN THE FORM OF CHECK OR MONEY ORDER WITH REGISTRATION
Please type or print clearly. All sections must be completed. Incomplete applications will be returned.

Type of application: New Renewal Commercial Residential Exempt (State, Federal, & Local Gov. Agencies)

Permit Applicant Information

Business Name or Homeowner Name:

Address and Suite or Apt #:

City: State: ZIP Code:

Home Number Work Number Cell Number

Mailing/Billing Address (if different from above)

Business/Corporate Name or Person Name:

Address and Suite or Apt #:

City: State: ZIP Code:

PREMISE DETAILS (CONFIDENTIAL-FOR AUTHORIZED POLICE USE ONLY)

In order to ensure the safety of our officers and the public and to enable the police to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. animals, hazardous substances, weapons, etc.) Please use additional paper if necessary.

CONTACT PEOPLE

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

Contact #1: Home Phone: Cell #

Contact #2: Home Phone: Cell #

ALARM COMPANY AND/OR MONITORING COMPANY

Company Name: Phone No:

Monitoring Company (if different from Alarm Co): Phone No:

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:

**Please submit the completed form along with your payment to:
The address above if you do not have an alarm company**

For Department Use Only
CK# _____
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.