



2019

CITY OF LA VISTA, NEBRASKA
REGISTRATION OF SECURITY AND FIRE ALARMS

Ordinance #864 of the City of La Vista requires registration of security and fire alarms in the City of La Vista

Official Name of Business: _____ Doing Business as: _____

Mailing Address: _____

Physical Address in La Vista: _____

Contact Name: _____ Contact Address: _____

Contact Phone: _____ Contact Email Address: _____

Premise Type: Hotel Restaurant Retail Apartment Physician Day Care Home Occupation Other

Check which type(s) of ALARM SERVICE you are registering – Please mark all that apply and include all applicable information.

****WHEN REGISTERING FOR BOTH A SECURITY AND FIRE ALARM SYSTEM – THE TOTAL FEE IS \$25.00 FOR THE COMBINED REGISTRATION *Per Location * Make Copies as needed**

Security Alarm

- \$25.00 fee (plus late fees if applicable)**
- This completed 2019 Registration of Security & Fire Alarm Form

Fire Alarm

- \$25.00 fee (plus late fees if applicable)**
- This completed 2019 Registration of Security & Fire Alarm Form
- Fire Alarm Inspection Certificate (most current from your alarm service provider)
- Proof of Knox Box installation, signed by LVFD, if this is a first time registration.

**A late fee of \$35.00 will be assessed on registration fees paid after March 31, 2019. A late fee of \$75.00 will be assessed on registration fees paid after April 30, 2019, and a late fee of \$100.00 will be assessed on all registration fees paid after May 31, 2019
Once processed, your certification will expire on December 31, 2019.**

This registration must contain the Principal's signed statement herein:

I _____ (Please print), known as the registrant, verify that the information furnished below is correct and that the system is in conformance with the provision of Ordinance #864. I further state that I will file an amendment to my application setting forth the currently accurate information to the City of La Vista within ten (10) days, upon any change of circumstances which renders obsolete any of the information, submitted pursuant to Section 5 of Ordinance #864.

Signed: _____ Phone Number: _____

Alarm Service Provider: Name: _____

Address: _____ Phone Number: _____

Persons to be contacted in case of an emergency. Please list three (3) in the order of call preferences.

1. Contact Name: _____

Phone Number 1: _____ Phone Number 2: _____

Address : _____

2. Contact Name: _____

Phone Number 1: _____ Phone Number 2: _____

Address : _____

3. Contact Name: _____

Phone Number 1: _____ Phone Number 2: _____

Address : _____