Alarm System Registration
Change of Information Form

PREMISES TYPE ☐ Commercial ☐ Residential | Alarm Permit Number:

ADDRESS OF REGISTERED PREMISES | POSTAL CODE

CANCEL Alarm Registration: ☐

*Please note: if you are **moving** to a new address, the permit for the current address must be cancelled, not updated, and a new permit must be applied for [Bylaw 5131.6(4)]*

UPDATE Alarm Registration: *please complete the applicable section(s) below.*

EFFECTIVE DATE

Update Alarm Company? ☐

Name of MONITORING ALARM COMPANY	OR	☐ SELF-MONITORING	Phone

Update Key holder Information? ☐ EFFECTIVE DATE

***** Required information ***** Must not reside in premises address.

Name (Surname, First Name) ☐ New ☐ Update ☐ Remove	Date of Birth YYYY/MMM/DD	Gender	Primary Phone	Secondary Phone
1.			Cell ☐ Home ☐ Work ☐	Cell ☐ Home ☐ Work ☐
Name (Surname, First Name) ☐ New ☐ Update ☐ Remove	Date of Birth YYYY/MMM/DD	Gender	Primary Phone	Secondary Phone
2.			Cell ☐ Home ☐ Work ☐	Cell ☐ Home ☐ Work ☐
Name (Surname, First Name) ☐ New ☐ Update ☐ Remove	Date of Birth YYYY/MMM/DD	Gender	Primary Phone	Secondary Phone
3.			Cell ☐ Home ☐ Work ☐	Cell ☐ Home ☐ Work ☐

Applicant Name | **Phone** | **Date**

Submit

OFFICE USE ONLY

LPS Registration No.	DATE

Personal information on this form is collected and used in accordance with the City of Lethbridge Bylaw No. 5078 and the *Protection of Privacy Act*. Personal information shall be shared for the purposes outlined in sections 12 to 14 of the *Protection of Privacy Act* (*POPA*), and for other legal requirements where they are consistent with *POPA*. If you have any questions regarding the collection and use of information on this form, contact the Lethbridge Police Service's Records Manage Unit at 403-327-2210, or 135 1 Avenue S Lethbridge, AB T1J 0A1.