LETHBRIDGE POLICE SERVICE

"providing safe communities"

Alarm System Registration
Change of Information Form

Lethbridge Police Service
135 1 Avenue South
Lethbridge, Alberta
T1J 0A1

ALARM PERMIT NUMBER:

EFFECTIVE DATE:

The following information is provided in accordance with City of Lethbridge Bylaw No. 5078. All information contained in this registration will be considered confidential.

Do you wish to CANCEL your alarm registration: YES ☐ NO ☐

If no please check the section of information you wish to UPDATE:

CHANGE PROTECTED PREMISES INFORMATION: **YES** ☐ **NO** ☐

RESIDENTIAL OCCUPANT (Surname, First Name) 1.	Home Phone	Work	Cell
2.	Home Phone	Work	Cell
COMMERCIAL PREMISES (Name)			☐ New Business ☐ New Ownership ☐ Update Only
Contact Name (Surname, First Name)	Business Phone		
Business Hours SUN: MON: TUE: WED: THUR: FRI: SAT:			
ADDRESS OF PROTECTED PREMISES			POSTAL CODE
Mailing/Billing Address (if different from above)			POSTAL CODE

CHANGE ALARM INFORMATION: **YES** ☐ **NO** ☐

Effective Date YYYY / MM / DD	PREMISES TYPE ☐ Commercial ☐ Residential ☐ Financial	PURPOSE ☐ Intrusion ☐ Distress/Hold Up
Name of MONITORING ALARM COMPANY **OR** ☐ SELF-MONITORING		Phone

CHANGE SECONDARY KEYHOLDER INFORMATION: YES ☐ NO ☐

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

Name (Surname, First Name) 1.	Home Phone	Work	Cell
Name (Surname, First Name) 2.	Home Phone	Work	Cell
Name (Surname, First Name) 3.	Home Phone	Work	Cell

I CERTIFY THAT ALL UPDATED INFORMATION CONTAINED IN THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ Signature (Applicant)

_____ YYYY DD MM

OFFICE USE ONLY

LPS Registration No.	DATE
APPROVED (Signature)	(Print Name)
FDM Data Entry (Signature)	(Date)

Note:

Once the form is completed it can be submitted to the Lethbridge Police Service via email at alarms@lethbridgepolice.ca, by mail to 135 1 Avenue South, Lethbridge, Alberta T1J 0A1, or by dropping it off at the police station during business hours. Once the form is processed a permit number will be designated and the form returned to you.

Please return the processed permit number via:

☐ Email:_____ (Provide email address)

☐ Mail to my mailing address

If you have any questions please contact the Alarms Coordinator at 403-327-2210.