CITY OF LA VISTA, NEBRASKA

(8116 Park View Blvd, La Vista, NE 68128)

REGISTRATION OF SECURITY AND FIRE ALARM SYSTEMS

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

Renewal Year Invoice Date _____

Business Name: _____ Doing Business As: _____

Mailing Address: _____

La Vista Location: _____

Contact Name: _____ Contact Address: _____

Contact Phone: _____ Contact Email: _____

Annual Registration Fee: $25.00

A late fee of will be assessed on all registrations submitted after the 1st day of the licensing year; or after 30 days from invoice date to new businesses. (Late Fee Amount: $35.00)

The registration of Security and Fire Alarm Systems expires annually on December 31st. Annual invoice will be mailed.

Please mark which type of Alarm Service you are registering. (Mark all that apply)

☐ Security Alarm
If this box is marked, please submit this completed form along with the annual fee.

☐ Fire Alarm
If this box is marked, please submit the following:

- **This completed form along with the annual fee.**
- **Current Fire Alarm Inspection Certificate**
- **Proof of Knox Box installation, signed by the La Vista Fire Department**, *if this is a first time registration.*

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 provisions 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: _____

Emergency Contact Information (Please provide 3 contacts) REQUIRED

Contact Name:		(Please Print)	
Phone Number:		Alternate Phone Number:	

Contact Name:		(Please Print)	
Phone Number:		Alternate Phone Number:	

Contact Name:		(Please Print)	
Phone Number:		Alternate Phone Number:	

Make checks payable to: The City of La Vista
Send to: 8116 Park View Blvd, La Vista, NE 68128