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)	Date of Birth YYYY/MMM/DD	Primary Phone	Secondary Phone
☐ New ☐ Update ☐ Remove		Cell ☐ Home ☐ Work ☐	Cell ☐ Home ☐ Work ☐
☐ New ☐ Update ☐ Remove		Cell ☐ Home ☐ Work ☐	Cell ☐ Home ☐ Work ☐
☐ New ☐ Update ☐ Remove		Cell ☐ Home ☐ Work ☐	Cell ☐ Home ☐ Work ☐

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

Personal information on this form is collected and used in accordance with the City of Lethbridge Bylaw No. 5078 and the Freedom of Information and Protection of Privacy Act. Personal information shall be shared for the purposes outlined in Sections 37 to 41 of the Freedom of Information and Protection of Privacy Act (FOIP Act), and for other legal requirements where they are consistent with the FOIP Act. 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.