



**Division of Life Safety**

Alarm User/Applicant Registration

If you do not have an alarm, please fill out the contact information for emergency situations.

<b>Name of Business</b> or Last Name _____	
First Name _____	
<b>Alarm Address</b> _____	Zip _____
Mailing Address _____	Zip _____
<b>Premises Phone(s)</b> _____	Fax _____
Cell _____	Email _____

_____ No longer have an alarm at this location	_____ New Registration for New Alarm System
_____ Change of Information	_____ Annual Registration

<b>Type of Alarm</b> <i>(check ALL that apply)</i>	_____ Fire Alarm	_____ <b>Sprinkler</b>	_____ Hood Suppression
	_____ Other	_____	_____

_____	Phone(s) _____
Monitoring Company _____	
Fax _____	_____

**Authorized Key Holder/ Emergency Contact**

Minimum of 2 contacts that shall respond within 30 minutes of alarm

_____	Home _____
	Work _____
1st Contact	Cell _____
_____	Home _____
	Work _____
2nd Contact	Cell _____
_____	Home _____
	Work _____
3rd Contact	Cell _____

*I acknowledge the above information is correct to the best of my knowledge.*

_____	_____
Applicant Signature	Date

**Mail Registration to:**

City of Lufkin- FMO  
Attn. Steve McCool  
PO Drawer 190  
Lufkin, Texas 75902

**Make Checks Payable to:**

City of Lufkin Alarm Billing  
\_\_\_\_\_ \$25.00 Fee Included For:  
\_\_\_\_\_ New Alarm  
\_\_\_\_\_ Late Annual Registration  
(after Dec. 31st)

**Questions?**

Steve McCool  
Fire Marshal  
936.633.0307 office  
☎ 936.633.0368

[divlifesafety@cityoflufkin.com](mailto:divlifesafety@cityoflufkin.com)