



Las Cruces Alarm System Permit Application

Mesilla Valley Regional Dispatch Authority
911 Lake Tahoe Ct. / Las Cruces, NM 88004
Phone: (575) 647-6845 Email: Alarms@MVRDA.org

DEPARTMENT
USE ONLY:

This application is for a (*check one*):

Business \$25 Residence \$25

Please print legibly. Mail this completed application to the above address. Enclose check or money order for the proper registration fee amount payable to: CITY OF LAS CRUCES. Do NOT send cash.

Boxes indicated with an * are required fields. Incomplete or illegible applications cannot be processed.

1. Alarm User Information (Alarm Location)

* Last Name		* First Name		Middle Initial
<input type="text"/>		<input type="text"/>		<input type="text"/>
* Street # and Street Name		* Email Address		
<input type="text"/>		<input type="text"/>		
Apt/Suite/Room #	* City/Town	* State	* Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
* Primary Phone	* Secondary Phone	Cell Phone/Pager Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

If a business location, provide Business Trade Name & Corporate Ownership information

2. Mailing Address (If different from Alarm Location)

* Street # and Street Name				
<input type="text"/>				
* Apt/Suite/Room #	* City/Town	* State	* Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. List two (2) people to contact in the event of an alarm (who can respond within 30 minutes)

Last Name #1		First Name #1		
<input type="text"/>		<input type="text"/>		
Primary Phone	Secondary Phone	Cell Phone/Pager Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last Name #2		First Name #2		
<input type="text"/>		<input type="text"/>		
Primary Phone	Secondary Phone	Cell Phone/Pager Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

4. Alarm Company Information

* Company Name	Phone Number
<input type="text"/>	<input type="text"/>

5. Monitoring Company Information (if different from Alarm Company)

Company Name	Phone Number
<input type="text"/>	<input type="text"/>

>> If you have NOT received an alarm permit within 10 business days, please call (575) 647-6805. <<
>> This alarm permit is required to receive police response to your alarm system. <<