



**2025**  
**CITY OF LA VISTA, NEBRASKA**  
**REGISTRATION OF SECURITY AND FIRE ALARMS**

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

Official Name of Business: \_\_\_\_\_ Doing Business as: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address in La Vista: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

Premise Type:  Hotel  Restaurant  Retail  Apartment  Physician  Day Care  Home Occupation  Other

**Check which type(s) of ALARM SERVICE you are registering - Please mark all that apply and include all applicable information.**

**\*\*WHEN REGISTERING FOR BOTH A SECURITY AND FIRE ALARM SYSTEM - THE TOTAL FEE IS \$25.00 FOR THE COMBINED  
REGISTRATION \*Per Location \* Make Copies as needed**

**Security Alarm**

- \$25.00 fee (plus late fees if applicable)\*\*
- This completed 2025 Registration of Security & Fire Alarm Form

**Fire Alarm**

- \$25.00 fee (plus late fees if applicable)\*\*
- This completed 2025 Registration of Security & Fire Alarm Form
- Fire Alarm Inspection Certificate (most current from your alarm service provider)
- Proof of Knox Box installation, signed by LVFD, if this is a first time registration.

**A late fee of \$35.00 will be assessed on registration fees paid after June 30, 2025 A late fee of \$75.00 will be assessed on registration fees paid after July 31, 2025, and a late fee of \$100.00 will be assessed on all registration fees paid after August 31, 2025  
Once processed, your certification will expire on December 31, 2025.**

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 provision 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: \_\_\_\_\_

**Persons to be contacted in case of an emergency. Please list three (3) in the order of call preferences.**

1. Contact Name: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Address: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Address: \_\_\_\_\_

3. Contact Name: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Address: \_\_\_\_\_