



# Las Cruces Alarm System Permit Application

Mesilla Valley Regional Dispatch Authority  
P.O. Box 1838 / Las Cruces, NM 88004  
Phone: (575) 647-6813 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) 647-6813. <<  
>> This alarm permit is required to receive police response to your alarm system. <<