

RESIDENTIAL/BUSINESS ALARM SUBSCRIBER:

Enclosed is information needed to register your alarm system with the Lee's Summit Police Department, as required by City ordinance. Please review the ordinance, complete and return the attached Alarm Subscriber Permit. There is a \$25 fee to register your alarm system. There are instructions for payment on side two of the permit.

Information on your completed application will be kept on file and can be made available to officers when answering calls at your location. **Additionally, you will be billed an annual application fee, in the amount of \$10, at the beginning of each calendar year. Please do not pre-pay the renewal fee or your application will be returned to you.**

Upon receipt of the \$25 application fee, and approval of your Alarm Permit Subscriber Application, you will receive an identification number, and alarm identification sticker (to display on a door or window) which indicates that your system is registered with the Lee's Summit Police Department.

If you have any questions, call me at 816-969-1786, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Yours truly,

Katie Ryser
Alarm Coordinator

**LEE'S SUMMIT POLICE DEPARTMENT
RESIDENTIAL ALARM SUBSCRIBER PERMIT**

Date Of Application: _____ Date Alarm Placed In Service: _____

APPLICANT INFORMATION

RESIDENT NAME: _____		
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS (Location of Alarm): _____		
STREET NUMBER	STREET NAME	ZIP CODE

BILLING ADDRESS (If Different From Above) _____			
Street Number	Street Name	City	Zip Code

PHONE NUMBER AT RESIDENCE:	WORK PHONE NUMBER:
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ALARM EQUIPMENT

TYPE OF ALARM: (Check all applicable)	Intrusion <input type="checkbox"/>	Hold-Up <input type="checkbox"/>	Outside Audible <input type="checkbox"/>
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Name and address of firm installing (or who has already installed) the system: _____				
Name	Street Address	City	State	Zip Code

IS ALARM MONITORED BY AN ALARM SERVICE: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by whom?				
Name: _____				
Address: _____				
Street Address	City	State	Zip Code	

TYPE OF STRUCTURE (Check all applicable)		
Single Family <input type="checkbox"/>	Apartment/Townhome/Condo <input type="checkbox"/>	Duplex <input type="checkbox"/>

Special instructions or hazards to assist officers responding to alarm calls: _____ _____

Should the police department need to contact a responsible party or associate about the alarm, the following persons may be called:

Name:	Relationship:	Can They Reset Alarm?	Phone Number

Signature of Subscriber:	Date:
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Upon approval of this application, you will receive a permanent alarm user number and a window sticker which indicates that your system is registered with the Lee’s Summit Police Department.

Return this completed permit and your remittance of \$25 to:

Lee’s Summit Police Department
10 NE Tudor
Lee’s Summit, MO 64086
Attn: Records Unit

Checks should be made payable to “City of Lee’s Summit” or you may remit in person at the Records Unit, Monday-Friday, from 8:00 a.m. to 5:00 p.m.

Master Card or Visa credit cards only are also accepted. IF PAYING IN PERSON, YOU MUST BRING THIS COMPLETED PERMIT WITH YOU. If you are utilizing your credit card and paying by mail, **you must complete the permit and the portion below and return the entire permit to the address above. If ANY credit card information is omitted, or is not legible, payment will not be processed.**

Master Card <input type="checkbox"/> Visa <input type="checkbox"/> (check one)	Card #:	Expiration Date: ____/____/____ (2 digit month/2 digit yr)	Card Holder’s Signature:
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If you have any questions regarding the City ordinance regulating false alarms/security systems, or you require assistance in completing this permit application, contact the Alarm Coordinator, at 969-1786.

(for police use only)

Permit and applicable fee received: _____ Alarm Permit # _____

**LEE'S SUMMIT POLICE DEPARTMENT
BUSINESS ALARM SUBSCRIBER PERMIT**

Date Of Application: _____ Date Alarm Placed In Service: _____

APPLICANT INFORMATION

BUSINESS NAME: _____

ADDRESS (Location of Alarm): _____			
STREET NUMBER	STREET NAME	ZIP CODE	

BILLING ADDRESS (If Different From Above) _____			
Street Number	Street Name	City	Zip Code

PHONE NUMBER AT BUSINESS: _____	HOURS OF OPERATION: _____
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ALARM EQUIPMENT

TYPE OF ALARM: (Check all applicable)	Intrusion <input type="checkbox"/>	Hold-Up <input type="checkbox"/>	Outside Audible <input type="checkbox"/>
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Name and address of firm installing (or who has already installed) the system: _____				
Name	Street Address	City	State	Zip Code

IS ALARM MONITORED BY AN ALARM SERVICE: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by whom?				
Name: _____				
Address: _____				
Street Address	City	State	Zip Code	

Special instructions or hazards to assist officers responding to alarm calls: _____ _____ _____ _____

Should the police department need to contact a responsible party or associate about the alarm, the following persons may be called:

Name:	Relationship:	Can They Reset Alarm?	Phone Number

Signature of person representing the business:	Date:
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Master Card <input type="checkbox"/>	Card #:	Expiration Date: ____/____/____	Card Holder’s Signature:
Visa <input type="checkbox"/> (check one)		(2 digit month/2 digit yr)	

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LSPD #336 (revised10/04)