

KANSAS CITY, MISSOURI POLICE DEPARTMENT
ALARM PERMIT APPLICATION

New (Submit \$45 Fee) Revised (No Fee Required) Commercial Residential MASTER PERMIT

Please Print

1. Alarm Address: _____ Kansas City, MO
(street) (apt. no.) (city) (state) (zip)

2. Alarm User:
Name: _____ Telephone No.: _____
Mailing/Billing Address: _____
(street) (apt. no.) (city) (state) (zip)

3. Permit Holder: This person must sign the application and be responsible for the proper operation and maintenance of the alarm system and for payment of all fees.
Name: _____ Home Telephone No.: _____
Address: _____
(street) (apt. no.) (city) (state) (zip)
Business Telephone No.: _____ Business Relation: _____

4. Contact: *Someone at another address to be contacted if necessary.*
Name: _____ Area Code/Telephone No.: () _____
Address: _____

5. Installation Conversion Takeover Date: _____
New Permit Required Revised Permit Only New Permit Required

6. Installed By:
Name: _____ KCMO License No.: _____
Company Name: _____ Telephone No.: _____
Address: _____
(street) (apt. no.) (city) (state) (zip)

7. Serviced by: Installer Other (If other, specify below)
Company Name: _____ Telephone No.: _____
Address: _____
(street) (city) (state) (zip)

8. Monitored by:
Company Name: _____ Telephone No.: _____
Address: _____
(street) (city) (state) (zip)

This section must be completed and signed by both the Alarm User/Permit Holder and the Alarm Installer.

- A copy of system operating instructions has been provided to me by the alarm agent.
- I have been trained in the proper use of the alarm system and instructed on how to avoid false alarms.

Signature _____ Signature _____
Permit Holder Alarm Installer

Make checks payable to: BOARD OF POLICE COMMISSIONERS
Remit to: Kansas City, Missouri Police Department
Alarm Administrator
1125 Locust
Kansas City, Missouri 64106
(816) 889-1493

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|----------------------------|--|
| <i>For Office Use Only</i> | |
| Date _____ | |
| Amount Enclosed: _____ | |
| Permit Number: _____ | |