

GRANDVIEW POLICE DEPARTMENT RESIDENTIAL ALARM SUBSCRIBER PERMIT

Date of Application: _____ Date Alarm Placed in Service: _____

APPLICANT INFORMATION

Residential alarm systems are registered in ONE name only (person correspondence is to be addressed).

RESIDENT NAME: _____
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS (LOCATION OF ALARM): _____
STREET ADDRESS CITY STATE ZIP CODE

BILLING ADDRESS: _____
 (If different from above) STREET ADDRESS CITY STATE ZIP CODE

PHONE # AT RESIDENCE: _____ WORK PHONE #: _____

ALARM EQUIPMENT

TYPE OF ALARM: (Check All Applicable)

Intrusion Hold-up Panic Outside Audible Fire Medical Emergency

Alarm system is equipped to cease emitting an audible exterior alarm sound within fifteen (15) minutes of activation (as required by City ordinance) Yes No

Name & Address of firm installing (or who has already installed) the system:

NAME OF FIRM _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

If system is serviced or maintained by someone other than the alarm subscriber list name and address:

NAME OF FIRM _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

IS ALARM MONITORED BY AN ALARM SERVICE: Yes No If yes, by whom?

Name: _____ Phone #: _____

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

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

NAME	RELATIONSHIP	CAN THIS PERSON RESET THE ALARM	PHONE NUMBER

PLEASE COMPLETE BOTH SIDES

PREMISE INFORMATION:

(Check All Applicable)

TYPE OF STRUCTURE: Single Family Apartment/Townhome/Condo Duplex
CAUTION INDICATOR: Disabled Person Hearing Impaired Hazardous Material
 Dogs/Pets Other (Explain below)

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

Undersigned applicant agrees that the City of Grandview shall have no responsibility in rendering or not rendering any service or in termination of service in connection with any alarm or alarm system, any service being voluntary and solely for the benefit and at no expense to the applicant.

<i>Signature of Alarm Subscriber:</i>	Date:
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UPON RECEIPT AND APPROVAL OF THIS APPLICATION YOU WILL RECEIVE A PERMANENT ALARM USER NUMBER AND A WINDOW STICKER WHICH INDICATES THAT YOUR SECURITY SYSTEM IS REGISTERED WITH THE GRANDVIEW POLICE DEPARTMENT.

RETURN THIS COMPLETED APPLICATION ALONG WITH THE \$10.00 REGISTRATION FEE TO:

GRANDVIEW POLICE DEPARTMENT
RESIDENTIAL PERMIT APPLICATION
1200 MAIN STREET
GRANDVIEW MO 64030

If you have questions regarding the City ordinance regulating false alarms/security systems or you require assistance in completing this permit application, contact the Alarm Coordinator at 316-4900.