

KANSAS CITY, MISSOURI POLICE DEPARTMENT

ALARM PERMIT APPLICATION

- New Installation or Takeover (Submit \$46 Fee)
- Revised or Conversion (No Fee Required)
- Social Security or Assistance (Proof Required) (No Fee Required)
- Commercial
- Residential

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 Relation: _____ E-Mail Address: _____

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

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

6. 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
T.I.N. 44-6000197

Remit to: Board of Police Commissioners
Attn: Alarm Administrator
1125 Locust
Kansas City, Missouri 64106
(816) 889-1493 Fax: 816-889-1459

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

If Paying by Credit Card:

Cardholder Name Printed _____ Credit Card Number _____
 Cardholder Billing Address _____ Expiration Date _____ Security Code _____
 _____ Amount Authorized _____
 Card Type: Discover Visa _____
 Mastercard American Express _____
 _____ Cardholder's Signature _____