

KANSAS CITY, MISSOURI POLICE DEPARTMENT

ALARM PERMIT APPLICATION

☐ New Installation or Takeover

(Submit \$46 Fee)

Please Print

☐ Revised or

Conversion

(No Fee Required)

☐ Social Security or Assistance (Proof Required)

(No Fee Required)

☐ Commercial☐ Residential

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:

KCMO

License No.:

Name:

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

For Office Use Only

Date:

Amount Enclosed:

Permit Number:

If Paying by Credit Card:

Cardholder Name Printed

Credit Card Number

Expiration Date

Security Code

Cardholder Billing Address

Amount Authorized

Card Type: ☐ Discover☐ Visa☐ Mastercard☐ American Express

Cardholder's Signature