## City of Blue Springs Alarm User Permit Application

Permit #			Revised Application Date	
	(To be assigned )	☐ Business Alarm	☐ Residential Alarm	
1.	Alarm subscriber: If a business, enter the business name, address, and phone number. If a residence, list the resident's name, spouse/roommate, address and phone number.			
	Name:		Telephone (Work): ()	
	Spouse / Roommate:		Telephone (Work): ()	
	Mailing Address:		Telephone: ()	
2.	Address of alarmed premises	s:	Telephone: ()	
3.	Type of alarm system: Check the appropriate box.			
	☐ Security Alarm ☐ Fire Alarm ☐ Both Security and Fire Alarms			
4.	Monitored by: Check the appropriate box. <u>If monitored, list your <i>monitoring company's</i> name, address including zip and phone number including area code.</u>			
	☐ Alarm subscriber ☐ Blue Springs Police Dept. ☐ Monitoring Company (Audible) ☐ (Directly wired to Police Dept) ☐ (Monitoring Company reports to Police Dept)			
	Name:		Telephone No: ()	
	Address:		Zip:	
5.	Responsible person to be contacted in the event the subscriber cannot be reached:  Do <u>not</u> list persons residing at the above listed address.			
	A. Name:		Home Telephone No: ()	
	Address:		Alternate No: ()	
	Relationship to subscr			
	B. Name:		Home Telephone No: ()	
	Address:		Alternate No: ()	
	Relationship to subscr	iber:		
	C. Name:		Home Telephone No: ()	
	Address:			
	Relationship to subscr	iber:		
6.	Additional information:			
			responsibility in rendering or not rendering any service or in te being voluntary and solely for the benefit of applicant.	ermination of
Sig	gnature:		Return this application to: Alarm Coordinat	or

Return this application to: Alarm Coordinator

Blue Springs Police Department
1100 S.W. Smith

Blue Springs, MO 64015

Alarm Subscriber/Subscriber Agent