

GLADSTONE DEPARTMENT OF PUBLIC SAFETY
ALARM PERMIT APPLICATION

Business Alarm Residential Alarm New Application Revised Application Permit # _____

Address: _____

Alarm User:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Local Business Agent of Resident: *See Below

Name: _____

Address: _____

Phone: _____ Relationship: _____

*This person must sign the alarm permit application and will be responsible for alarm violations.

Contact: A second person who can be contacted in the event of an alarm

Name: _____

Address: _____ Phone: _____

Property Owner/Agent: Actual property owner or agent of property owner

Name: _____

Address: _____ Phone: _____

Type of System: Intrusion Holdup Fire Medical
 Other _____

Installer:

Name: _____

Address: _____ Phone: _____

Date Installed or Took Possession: _____

Serviced By: Installer Other

Name: _____

Address: _____ Phone: _____

Monitored By:

Name: _____

Address: _____ Phone: _____

(24-hour contact)

Signature: _____ Date: _____

(Local Business Agent/Resident)

Return To: Gladstone Department of Public Safety
7010 N Holmes
Gladstone, MO 64118
(816) 436-2200
fax (816) 436-3553

Permit Number _____ Date _____ By _____