

## Kansas City, Kansas Police Department Alarm Permit Application 700 Minnesota Ave



700 Minnesota Ave Kansas City, KS 66101 (913) 573-6109 Fax: (913) 573 - 6147

E-Mail: alarms@kckpd.org

PLEASE TYPE OR PRINT CLEARLY: Illegible permits will be returned		For Official Use Only:  Permit #:
Name/Business Name:		
Alarm Address:		
Kansas City, KS Zip:		
Phone: ( ) -	Work Phone: ( )	1
Mailing Address if different than above:	POLICE	
Name/Business Name:	ADTA	7
Address:		
City: State:	Zip:	VIII
Phone: ( ) -	TOTAL STATE OF THE PARTY OF THE	51/X
If alarm system is for a residence, please pr State of Issuance:  DL:	rovide your Driver's License/State ID #: # or State ID#:	
If alarm is for a business, please check wha		11/4
ir didini is for a business, piedse check wha		
Financial Government Other	If other, list type of business:	
Not-for-Profit (please check): Yes   EMERGENCY CONTACTS:	No ANSAS	
Primary Contact	Secondary Contact	
Name:	Name:	1
Address:	Address:	
City:	City:	
State:	State:	
Zip:	Zip:	
Phone: ( ) -	Phone: ( ) -	
ALARM INFORMATION:		
Monitoring Company:		
Installation Company:	Installation Date:	
My Alarm Business has furnished me with writt other emergency alarms. I have received a sum	ten and verbal directions regarding the proper use and numary of the Kansas City, Kansas Alarm Ordinance, #65 thin it. I understand that I must notify the Alarm Coordinange.	5971, and understand that it is my
Signature:	Date:	