

ALARM REGISTRATION APPLICATION

LEAWOOD POLICE DEPARTMENT

9617 Lee Blvd. Leawood, Kansas 66206

(913) 642-5555, ext 280

******* PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM*******

PERMIT # _____ Date: _____

1. Business ___ Residential ___ 2. Type of System: AUDIBLE ___ MONITORED ___ FIRE ONLY ___

3. Date Alarm Installed or Took Possession of House: _____

4. Name: _____ Telephone No.: (____) _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Work phone: (____) _____ Cell: (____) _____ 2nd Adult Resident (____) _____

5. Contact Person Name: _____

Address: _____ Telephone No.: (____) _____
(Street Address) (City) (State) (Zip Code)

Contact Person Name: _____

Address: _____ Telephone No.: (____) _____
(Street Address) (City) (State) (Zip Code)

6. Alarm Company: _____ Telephone No.: (____) _____

7. Pets: Type and Names, Inside or Outside

8. Names and Ages of Minor Children in the Residence _____

8. Additional Information: _____

I certify that the above information is true and correct and I agree to comply with all the provisions of the Leawood Alarm Ordinance and I accept responsibility for the payment of all fines and fees that may result from the operation of an alarm system serving the above premise. Registration of an alarm system does not imply or otherwise convey the impression that there is a duty to respond to any alarm system utilized to convey messages of whatever character to the Leawood Police or Fire Departments.

Signature: _____
(Resident or Local Business Agent)

***** DO NOT WRITE BELOW THIS LINE *****

REGISTRATION FEE PAID _____ DATE RECEIVED: _____ DATE ENTERED _____