## RESIDENTIAL/BUSINESS ALARM SUBSCRIBER:

Enclosed is information needed to register your alarm system with the Lee's Summit Police Department, as required by City ordinance. Please review the ordinance, complete and return the attached Alarm Subscriber Permit. There is a \$25 fee to register your alarm system. There are instructions for payment on side two of the permit.

Information on your completed application will be kept on file and can be made available to officers when answering calls at your location. Additionally, you will be billed an annual application fee, in the amount of \$10, at the beginning of each calendar year. Please do not pre-pay the renewal fee or your application will be returned to you.

Upon receipt of the \$25 application fee, and approval of your Alarm Permit Subscriber Application, you will receive an identification number, and alarm identification sticker (to display on a door or window) which indicates that your system is registered with the Lee's Summit Police Department.

If you have any questions, call me at 816-969-1786, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Yours truly,

SUSAN D. AZZARO Alarm Coordinator

## LEE'S SUMMIT POLICE DEPARTMENT RESIDENTIAL ALARM SUBSCRIBER PERMIT

Date Of Application:		Date Ala	rm Placed In Service:	
	APPLI	CANT INFORM	ATION	
RESIDENT NAME:				
LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS (Location of A	Alarm):			
STREET NUMBER	STRE	ET NAME	2.5	ZIP CODE
BILLING ADDRESS If Different From Above	Street Number	Street Name	City	Zin Codo
	Street Number	Street Name	City	Zip Code
PHONE NUMBER AT R	ESIDENCE:	WORK	X PHONE NUMBER:	
	AL	ARM EQUIPME	ENT	
TYPE OF ALARM: (Cho	eck all applicable)	Intrusion	Hold-Up	Outside Audible
Name and address of firm	installing (or who has	s already installed) th	ne system:	
Name	Street Address	City	State	Zip Code
S ALARM MONITORE	Name:Address:Street Address	City	State	, by whom?  Zip Code
Single Family		RUCTURE (Check a	all applicable)  Duplex	
Special instructions or haz	zards to assist officers	responding to alarm	calls:	

Should the police department persons may be called:	artment need to contact a	responsible party or associate ab-	out the alarm, the following
Name:	Relationship:	Can They Reset Alarm?	Phone Number
Signature of Subscriber	;		Date:
		ve a permanent alarm user number ee's Summit Police Department.	and a window sticker which
Return this completed p	permit and your remittance	e of \$25 to:	
Lee's Summit Police I 10 NE Tudor Lee's Summit, MO 64 Attn: Records Unit			
Monday-Friday, from 8  Master Card or Visa of	:00 a.m. to 5:00 p.m.	ee's Summit" or you may remit in accepted. <b>IF PAYING IN PERSO</b> If you are utilizing your credit card	ON, YOU MUST BRING
must complete the per	mit and the portion belo	w and return the entire permit to not legible, payment will not be p	o the address above. If
Master Card Card Visa (check one)	1#:	Expiration Date:/(2 digit month/2 digit yr)	Card Holder's Signature:
If you have any questic		dinance regulating false alarms/se contact the Alarm Coordinator, at	
	(fo	or police use only)	
Permit and applicable for	ee received:	Alarm Permit	#
LSPD #336 (revised10/	04)		

## LEE'S SUMMIT POLICE DEPARTMENT BUSINESS ALARM SUBSCRIBER PERMIT

Date Of Application:		Date Alar	m Placed In Service:	
	APPLI	CANT INFORMA	ATION	
BUSINESS NAME:	South Assessment of the Control of t			
ADDRESS (Location o	f Alarm):			
STREET NUMBER	STRE	ET NAME		ZIP CODE
BILLING ADDRESS				
(If Different From Above	ve)			
	Street Number	Street Name	City	Zip Code
PHONE NUMBER AT	BUSINESS:	HOURS OI	F OPERATION:	
	AL	ARM EQUIPME	NT	
TYPE OF ALARM: (C	Check all applicable)	Intrusion	Hold-Up	Outside Audible
Name and address of fin	rm installing (or who has	already installed) th	e system:	
Name	Street Address	City	State	Zip Code
IS AT ARM MONITOR	ED BY AN ALARM SE	ERVICE: Yes	No □ If yes	s, by whom?
		ERVICE. 16s —	NO — IT yes	s, by whom:
	Name:			
	Address:			
<b>*</b>	Street Address	City	State	Zip Code
Special instructions or h	nazards to assist officers	responding to alarm	oalle:	
Special maductions of I	dazarus to assist officers	responding to alarm	cans.	

Name:	Relationship:	Can They Reset Alarm?	Phone Number
Signature of person	representing the business:	I	Date:
ndicates that your	system is registered with the I	ve a permanent alarm user number Lee's Summit Police Department.	and a window sticker which
Return this comple	ted permit and your remittance	e of \$25 to:	
Lee's Summit Poli	ce Department		
10 NE Tudor Lee's Summit, M(	64086		
Attn: Records Un			
		ee 8 Summing Of you may remin t	n person at the Records Un
Master Card or V FHIS COMPLET must complete the	isa credit cards only are also ED PERMIT WITH YOU.  permit and the portion belo	accepted. <u>IF PAYING IN PERS</u> If you are utilizing your credit card ow and return the entire permit to not legible, payment will not be p	ON, YOU MUST BRING I and paying by mail, you o the address above. If
Master Card or V FHIS COMPLET must complete the ANY credit card i	isa credit cards only are also ED PERMIT WITH YOU.  permit and the portion belo	accepted. <u>IF PAYING IN PERS</u> If you are utilizing your credit card ow and return the entire permit t	and paying by mail, you o the address above. If
Master Card or V FHIS COMPLET must complete the ANY credit card i	om 8:00 a.m. to 5:00 p.m.  isa credit cards only are also  ED PERMIT WITH YOU.  permit and the portion belo  nformation is omitted, or is	accepted. IF PAYING IN PERSON If you are utilizing your credit card ow and return the entire permit to not legible, payment will not be properties.	ON, YOU MUST BRING and paying by mail, you the address above. If processed.
Master Card or V THIS COMPLET must complete the ANY credit card i  Master Card  Visa (check one)	om 8:00 a.m. to 5:00 p.m.  isa credit cards only are also  ED PERMIT WITH YOU.  permit and the portion belo  nformation is omitted, or is  Card #:	accepted. IF PAYING IN PERSON are utilizing your credit card ow and return the entire permit to not legible, payment will not be payment will not be payment.	ON, YOU MUST BRING I and paying by mail, you o the address above. If processed.  Card Holder's Signature:
Master Card or V THIS COMPLET must complete the ANY credit card i  Master Card  Visa (check one)	isa credit cards only are also ED PERMIT WITH YOU. permit and the portion belonformation is omitted, or is card #:  estions regarding the City or deting this permit application,	accepted. IF PAYING IN PERSON are utilizing your credit card ow and return the entire permit to not legible, payment will not be payment will not	ON, YOU MUST BRING I and paying by mail, you the address above. If processed.  Card Holder's Signature:  ccurity systems, or you require
Master Card or V  THIS COMPLET  must complete the  ANY credit card in  Master Card  Visa (check one)	isa credit cards only are also ED PERMIT WITH YOU. permit and the portion belonformation is omitted, or is card #:  estions regarding the City or deting this permit application,	accepted. IF PAYING IN PERSONAL If you are utilizing your credit card ow and return the entire permit to not legible, payment will not be payment will not be payment will not be payment (2 digit month/2 digit yr)  dinance regulating false alarms/secontact the Alarm Coordinator, at	ON, YOU MUST BRING and paying by mail, you the address above. If processed.  Card Holder's Signature:  ccurity systems, or you requi. 969-1786.