

GRANDVIEW POLICE DEPARTMENT
RESIDENTIAL ALARM SUBSCRIBER PERMIT

Date of Application: _____ Date Alarm Placed in Service: _____

Applicant Information

Residential alarm systems are registered in ONE name only (person to whom correspondence is addressed).

RESIDENT NAME: _____
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS (LOCATION OF ALARM): _____
STREET NUMBER APT. #(if applicable) STREET NAME

BILLING ADDRESS: _____
(if different from above) STREET NUMBER APT.# STREET NAME CITY STATE ZIP

PHONE # AT RESIDENCE: _____ WORK PHONE #: _____

Alarm Equipment

TYPE OF ALARM: (Check All Applicable)

- Intrusion Holdup Panic Outside Audible Fire Medical Emergency

Alarm system is equipped to cease emitting an audible exterior alarm sound within fifteen(15) minutes of activation(as required by City ordinance) Yes No

Name & Address of firm installing (or who has already installed) the system:

NAME OF FIRM STREET ADDRESS CITY STATE ZIP CODE

If system is serviced or maintained by someone other than the alarm subscriber, list name and address:

NAME OF FIRM STREET ADDRESS CITY STATE ZIP CODE

IS ALARM MONITORED BY AN ALARM SERVICE: Yes No If yes, by whom?

Name: _____ Phone #: _____

Address: _____
STREET NUMBER APT.# STREET NAME CITY STATE ZIP CODE

Should the police department need to contact a responsible party or associate about the alarm, the following persons may be called:

<i>NAME</i>	<i>RELATIONSHIP</i>	<i>CAN THIS PERSON RESET THE ALARM</i>	<i>PHONE NUMBER</i>

PLEASE COMPLETE BOTH SIDES

Permit & application fee received _____ APN # _____

PREMISE INFORMATION

(Check All Applicable)

TYPE OF STRUCTURE: Single Family Apartment/Townhouse/Condo Duplex
CAUTION INDICATOR: Disabled Person Hearing Impaired Hazardous Materials
 Dogs/Pets Other (Explain below)

Special instructions or hazards to assist officers responding to alarm calls:

Undersigned applicant agrees that the City of Grandview shall have no responsibility in rendering or not rendering any service or in termination of service in connection with any alarm or alarm system, any service being voluntary and solely for the benefit and at no expense to the applicant.

Signature of Alarm Subscriber:	Date:
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UPON RECEIPT AND APPROVAL OF THIS APPLICATION YOU WILL RECEIVE A PERMANENT ALARM USER NUMBER AND A WINDOW STICKER WHICH INDICATES THAT YOUR SECURITY SYSTEM IS REGISTERED WITH THE GRANDVIEW POLICE DEPARTMENT.

RETURN THIS COMPLETED APPLICATION ALONG WITH THE \$10.00 REGISTRATION FEE TO:

GRANDVIEW POLICE DEPARTMENT
RESIDENTIAL PERMIT APPLICATION
1200 MAIN STREET
GRANDVIEW MO 64030

If you have any questions regarding the City ordinance regulating false alarms/security systems or you require assistance in completing this permit application, contact the Alarm Coordinator at 316-4900.

GRANDVIEW POLICE DEPARTMENT
BUSINESS ALARM SUBSCRIBER PERMIT

Date of Application: _____ Date Alarm Placed in Service: _____

Business Applicant Information

BUSINESS NAME: _____

ADDRESS (LOCATION OF ALARM): _____
STREET NUMBER APT. #(if applicable) STREET NAME

BILLING ADDRESS: _____
(if different from above) STREET NUMBER APT.# STREET NAME CITY STATE ZIP

WORK PHONE: _____

Alarm Equipment

TYPE OF ALARM: (Check All Applicable)

- Intrusion Holdup Panic Outside Audible Fire Medical Emergency

Alarm system is equipped to cease emitting an audible exterior alarm sound within fifteen(15) minutes of activation(as required by City ordinance) Yes No

Name & Address of firm installing (or who has already installed) the system:

NAME OF FIRM STREET ADDRESS CITY STATE ZIP CODE

If system is serviced or maintained by someone other than the alarm subscriber, list name and address:

NAME OF FIRM STREET ADDRESS CITY STATE ZIP CODE

IS ALARM MONITORED BY AN ALARM SERVICE: Yes No If yes, by whom?

Name: _____ Phone #: _____

Address: _____
STREET NUMBER APT.# STREET NAME CITY STATE ZIP CODE

PREMISE INFORMATION: Guard Dog Explosives/Hazardous Materials
Other (explain)

Please explain any additional information that would be useful to responding personnel:

PLEASE COMPLETE BOTH SIDES

Should the police department need to contact a responsible party or associate about the alarm *during* business hours, the following persons may be called:

<i>NAME</i>	<i>TITLE/POSITION</i>	<i>CAN THIS PERSON RESET THE ALARM</i>	<i>PHONE NUMBER</i>

Should the police department need to contact a responsible party or associate about the alarm *after* business hours, the following persons may be called:

<i>NAME</i>	<i>TITLE/POSITION</i>	<i>CAN THIS PERSON RESET THE ALARM</i>	<i>PHONE NUMBER</i>

Undersigned applicant agrees that the City of Grandview shall have no responsibility in rendering or not rendering any service or in termination of service in connection with any alarm or alarm system, any service being voluntary and solely for the benefit and at no expense to the applicant.

Signature of Alarm Subscriber:	Date:

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GRANDVIEW POLICE DEPARTMENT
 BUSINESS PERMIT APPLICATION
 1200 MAIN STREET
 GRANDVIEW MO 64030

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