



CITY OF PARKVILLE, MISSOURI
CITY HALL
(816) 741-7675
FAX (816) 741-0013

1201 EAST STREET
PARKVILLE, MISSOURI 64152

SECURITY ALARM PERMIT

ADDRESS ALARM INSTALLED: _____

ALARM USER:

PROPERTY OWNER:

Name: _____

Name: _____

Address: _____

Address: _____

Tele. #: Daytime _____

Tele. #: Daytime _____

Evening _____

Evening _____

TYPE OF SYSTEM: (description, equipped to cease emitting an audible alarm sound within 10 minutes of activation)

IS SYSTEM A SECURITY/SMOKE ALARM? YES NO

INSTALLER:

SERVICE COMPANY:

Name: _____

Name: _____

Address: _____

Address: _____

Tele. #: Daytime _____

Tele. #: Daytime _____

Evening _____

Evening _____

MONITOR:

CONTACT:

Name: _____

Name: _____

Address: _____

Address: _____

Tele. #: Daytime _____

Tele #: Daytime _____

Evening _____

Evening _____

Date of application: _____

cc: Police Department
Building Inspector (if security/smoke alarm)

α 9/27/1998