



Kansas City, Kansas Police Department Alarm Permit Application

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: () -

Mailing Address *if different than above*:

Name/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () -

If alarm system is for a residence, please provide your Driver's License/State ID #:

State of Issuance: _____	DL# or State ID#: _____
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If alarm is for a business, please check what type:

Financial Government Other If other, list type of business: _____

Not-for-Profit (please check): Yes No

EMERGENCY CONTACTS:

Primary Contact	Secondary Contact
Name: _____	Name: _____
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 written and verbal directions regarding the proper use and maintenance of fire, intrusion, and other emergency alarms. I have received a summary of the Kansas City, Kansas Alarm Ordinance, #65971, and understand that it is my responsibility to follow the provisions found within it. I understand that I must notify the Alarm Coordinator to update any information contained on this permit within 10 days of a change.

Signature: _____ Date: _____