



# 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](mailto: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: (    )      -  
Email: \_\_\_\_\_

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: \_\_\_\_\_