



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 FORMS WILL BE RETURNED:

For Official Use Only: Permit # _____
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Residential Permit _____ Business 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: () -

Do you have a video surveillance system? ____ Yes ____ No
Would you be willing to share the video with the Police in the event it captured a crime that was committed in your neighborhood? ____ Yes ____ No

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: _____