KANSAS CITY, MISSOURI POLICE DEPARTMENT

ALARM PERMIT APPLICATION

☐ **New Installation or Takeover** ***(Submit $45 Fee)*** ☐ **Revised or Conversion** ***(No Fee Required)*** ☐ **Social Security or Assistance** ***(Proof Required)*** ***(No Fee Required)*** ☐ Commercial ☐ Residential

Please Print

1. Alarm Address: _____ Kansas City, MO _____
   (street) (apt. no.) (city) (state) (zip)
2. Alarm User:
   Name: _____ Telephone No.: _____
   Mailing/Billing Address: _____
   (street) (apt. no.) (city) (state) (zip)
3. Permit Holder: This person must sign the application and be responsible for the proper operation and maintenance of the alarm system and for payment of all fees.
   Name: _____ Home Telephone No.: _____
   Address: _____
   (street) (apt. no.) (city) (state) (zip)
   Business Relation: _____ E-Mail Address: _____
4. Contact: *Someone at another address to be contacted if necessary.*
   Name: _____ Area Code/Telephone No.: ( ) _____
   Address: _____
5. Installed By:
   Name: _____ KCMO License No.: _____
   Company Name: _____ Telephone No.: _____
   Address: _____
   (street) (apt. no.) (city) (state) (zip)
6. Monitored by:
   Company Name: _____ Telephone No.: _____
   Address: _____
   (street) (city) (state) (zip)

This section must be completed and signed by both the Alarm User/Permit Holder and the Alarm Installer.

☐ A copy of system operating instructions has been provided to me by the alarm agent.

☐ I have been trained in the proper use of the alarm system and instructed on how to avoid false alarms.

Signature _____ Signature _____
Permit Holder Alarm Installer

Make Checks Payable to: **BOARD OF POLICE COMMISSIONERS**
T.I.N. 44-6000197

Remit to: **Board of Police Commissioners**
Attn: Alarm Administrator
1125 Locust
Kansas City, Missouri 64106
(816) 889-1493

For Office Use Only

Date: _____

Amount Enclosed: _____

Permit Number: _____

If Paying by Credit Card:

_____ _____
Cardholder Name Printed Credit Card Number

_____ _____ _____
Cardholder Billing Address Expiration Date Security Code

_____
Amount Authorized

Card Type: ☐ Discover ☐ Visa _____

FORM 5645 P.D. (REV. 04-2010)

☐ Mastercard ☐ American Express Cardholder’s Signature