



# 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 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: \_\_\_\_\_