ALARM REGISTRATION APPLICATION
LEAWOOD POLICE DEPARTMENT
4201 Town Center Drive, Leawood, Kansas 66211
(913) 663-9320 or (913) 642-5555 (ext. 320)

*********** PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM **********

PERMIT # _____ Date: _____

1. Business _____ Residential _____ 2. Type of System: AUDIBLE ___ MONITORED ___ FIRE ONLY ___

3. Date Alarm Installed or Too Possession of House: _____

4. Name: _____ Home Phone No.: (____) _____

   Address: _____
   (Street Address) (City) (State) (Zip Code)

   Work Phone No.: (____) _____ Cell: (____) _____ 2nd Adult Resident (____) _____

5. 1st Contact Person Name: _____ Phone No.: (____) _____

   2nd Contact Person Name: _____ Phone No.: (____) _____

6. Alarm Company: _____ Phone No.: (____) _____

7. Pets: Type and Names, Inside or Outside:

_____

_____

8. Names and Ages of Minor Children in the Residence _____

_____

9. Additional Information: _____

_____

I certify that the above information is true and correct and I agree to comply with all of the provisions of the Leawood Alarm Ordinance and I accept responsibility for the payment of all fines and fees that may result from the operation of an alarm system serving the above premise. Registration of an alarm system does not imply or otherwise convey the impression that there is a duty to respond to any alarm system utilized to convey messages of whatever character to the Leawood Police or Fire Departments.

Signature: _____
(Resident or Local Business Agent)

********** DO NOT WRITE BELOW THIS LINE **********

REGISTRATION FEE PAID _____ DATE RECEIVED _____ DATE ENTERED _____