

Application for Alarm System

City of Independence
Police Department
223 N. Memorial Dr.
Independence, MO 64050

Alarm User: _____
(Full name and telephone number of alarm user)

Address: _____
(Full address and zip code of alarm user- NO POST OFFICE BOXES)

Property Owner/s: _____
(Full name, address, zip code & telephone number of property owner where system is installed)

Description of Alarm System: _____

Alarm Installed by: _____

Date Alarm System Installed: _____

Alarm Monitored by: _____
(Full name address & telephone number of company monitoring alarm)

Contact Persons: Name, address, & telephone numbers of persons to be contacted
by the Police Department in the event the alarm user is not available

1. _____
2. _____
3. _____
4. _____

Applicant's Signature: _____ Date: _____

Approval: _____ Date: _____

CHIEF OF POLICE

This application, when signed by the Chief of Police, shall serve as a permit authorizing the person named as the user to operate an alarm at the listed address. The alarm user is responsible for updating the information above, as necessary.