

KANSAS CITY MISSOURI POLICE DEPARTMENT  
**ALARM PERMIT APPLICATION**

**New Installation or Takeover**  
(Submit \$48 Fee)

**Revised or Conversion**  
(No Fee Required)

**Social Security or Assistance**  
(Proof Required to Waive Fee)

Commercial

Residential

Rental

1. Alarm User: (Please Print)

\_\_\_\_\_  
Name of Business or Resident (Must be same name alarm company uses to dispatch.)

Address \_\_\_\_\_

(Location of Alarm) Street Apt. No. City State Zip

E-Mail Address: \_\_\_\_\_

Telephone Number(s): ( ) ( ) ( )

2. Billing Address: (If different than above)

\_\_\_\_\_  
Street Apt. No. City State Zip

3. Emergency Contacts: Business or Residential Representative (Someone at another address to be contacted if necessary.)

Name: \_\_\_\_\_ Telephone No.: ( )

Name: \_\_\_\_\_ Telephone No.: ( )

4. Alarm Company and/or Monitoring Company:

Installed/Service By: \_\_\_\_\_ ( )  
Name of Company Telephone Number

Monitored By: \_\_\_\_\_ ( )  
Name of Company Telephone Number

5. WatchKC Participant:  Yes  No

Signature: \_\_\_\_\_

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.)

Remit form and \$48.00 to:

**BOARD OF POLICE COMMISSIONERS**  
**Attn: Alarm Administrator**  
**1125 Locust**  
**Kansas City, Missouri 64106**  
**(816) 889-1493 Fax: 816-889-1459**  
**T.I.N. 44-6000197**

**Permit Information**

Permit Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Payment Type:

check  credit card  cash  waived

**For Credit Card Payment:**

\_\_\_\_\_  
Name on Credit Card (Print)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Billing Address of Credit Card

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount Authorized : \$ \_\_\_\_\_

Card Type:  Discover  Visa  
 Mastercard  American Express

\_\_\_\_\_  
Cardholder's Signature

## ALARM PERMIT APPLICATION INSTRUCTIONS

### Check the applicable box:

**Installation:** Resident or business owner (alarm user) has installed a new alarm system at the alarm address. To receive police service at the address, this alarm permit application along with the \$48 permit fee is required.

**Takeover:** Resident or business owner (alarm user) has moved into a house or commercial building that has an existing alarm system. Alarm permits are not transferrable. To receive police service at the address on this alarm permit, this application along with the \$48 fee is required.

**Revision or Conversion:** Resident or business owner has upgraded their alarm system or changed the alarm or monitoring company and alarm user opts to submit updated permit. No fee required.

**Social Security or Assistance:** Only applies to residential users. If the resident is on public assistance, the \$48 alarm permit fee can be waived. However, to waive the fee, proof is required. (*Example:* A copy of the alarm user's social security benefits letter. A copy of the letter can be obtained by the alarm user through the local social security office.)

1. **Alarm User:** Complete name of residents or business name. NOTE: It is imperative that the name of the resident or the business name put in this field must match the information that the alarm or monitoring company will be dispatching on to the address.

**Address:** The address where the alarm is installed.

**E-mail Address:** Valid email address of resident or business.

**Telephone numbers:** Phone numbers; either cell or land line phone numbers of resident or business where the alarm user(s) can be contacted.

2. **Billing Address:** Address other than the permit address where the permit holder wishes to have alarm correspondence sent.
3. **Emergency Contacts:** Business or Residential representative to be contacted other than user. Residential permits please list one person locally that can be contacted. Business permits please list managers and one other employee to contact.
4. **Alarm Company or Monitoring Company:** Company name and telephone number of the alarm company that installed alarm system. Monitoring company name and phone number is the company that will be calling on the alarm calls. In some instances, the alarm and monitoring company are the same.
5. **WatchKC Participant:** Is a community video surveillance project that requests participants to provide the Department access to their relevant recorded data if a crime has occurred in their area. The cameras cannot be remotely accessed by Department members. For further information, see [www.kcmo.gov/police/watchKC](http://www.kcmo.gov/police/watchKC).
6. **Signature:** Resident, owner or business representative submitting the alarm permit.

### Miscellaneous information:

A copy of the alarm permit will be returned to the address after the permit has been issued. The permit date and permit number will be located in the shaded box in the lower right hand corner of the permit. The permit will renew each year on this date. It is suggested that the permit number be given to the alarm users alarm company. Any false alarm fees due will be billed and sent on the 15th of the month following the renewal date. If the alarm permit is no longer needed by the alarm user the user should notify the Private Alarm Office for final billing if necessary and invalidation.

The Private Alarm Office is open Monday through Friday 7:30 am to 3:30 pm. If further assistance is needed please call 816-889-1493; after normal business hours leave a voice message and calls will be returned the next business day.