APPLICATION FOR USE OF SERVICE MARKED LOGO

Date ____________________________
Name of person or entity requesting use _______________________________________________________
If requestor is an entity, name of person who may be contacted regarding this Application _______________________________________________________
If requestor is an entity, is the entity  □ for-profit    or    □ not-for-profit
Requestor's address _______________________________________________________

Requestor's phone number ____________________________
Requestor's e-mail address _______________________________________________________

Please check box(es) of the service marked logo(s) you wish to use

[ ] POLICE ACADEMY
[ ] KC PD
[ ] KCPD
[ ] Police KC/MO
[ ] Police

Explain the purpose for which you wish to use the service marked logo(s) described _______________________________________________________

Is the service marked logo(s) currently being used by Requestor for the purpose described
□ Yes  □ No    If yes, for how long ________________

Submit this completed application to the Office of General Counsel, Kansas City Missouri Police Department, 1125 Locust St., Kansas City, Missouri 64106 or email to ogc@kcpd.org. Incomplete or illegible applications will not be returned or considered. A member of the Office of General Counsel will contact the requestor to obtain more information about this application. Submission of the application does not constitute approval of requestor's use of any service-marked logo for any purpose. The terms and/or duration of approval will be noted below and use can be granted for up to two years. The Chief of Police may terminate the agreement at any time for any reason or no reason by giving ten calendar days written notice.

The Board of Police Commissioners will seek all remedies available under the law to address unauthorized use of any registered service mark by any person or entity.

Approval will remain in effect up to ________________ .

Approved By _______________________________________________________
Date ____________________________

FORM 233 P.D. (REV. 4-2019)