# City of Blue Springs
# Alarm User Permit Application

Permit # _____ (To be assigned )

☐ **New Application** ☐ **Revised Application** **Date** _____

☐ **Business Alarm** ☐ **Residential Alarm**

1. **Alarm subscriber**:
   If a business, enter the business name, address, and phone number. If a residence, list the resident's name, spouse/roommate, address and phone number.

   **Name:** _____ **Telephone (Work): (____)**_____

   **Spouse / Roommate:** _____ **Telephone (Work): (____)**_____

   **Mailing Address:** _____ **Telephone: (____)**_____

2. **Address of alarmed premises:** _____ **Telephone: (____)**_____

3. **Type of alarm system:**
   Check the appropriate box.

   ☐ **Security Alarm** ☐ **Fire Alarm** ☐ **Both Security and Fire Alarms**

4. **Monitored by:**
   Check the appropriate box. If monitored, list your ***monitoring company's*** name, address including zip and phone number including area code.

   ☐ **Alarm subscriber (Audible)** ☐ **Blue Springs Police Dept. (Directly wired to Police Dept)** ☐ **Monitoring Company (Monitoring Company reports to Police Dept)**

   **Name:** _____ **Telephone No: (____)**_____

   **Address:** _____ **Zip:**_____

5. **Responsible person to be contacted in the event the subscriber cannot be reached:**
   Do not list persons residing at the above listed address.

   **A. Name:** _____ **Home Telephone No: (____)**_____
   **Address:** _____ **Alternate No: (____)**_____
   **Relationship to subscriber:** _____

   **B. Name:** _____ **Home Telephone No: (____)**_____
   **Address:** _____ **Alternate No: (____)**_____
   **Relationship to subscriber:** _____

   **C. Name:** _____ **Home Telephone No: (____)**_____
   **Address:** _____ **Alternate No: (____)**_____
   **Relationship to subscriber:** _____

6. **Additional information:**

_____

_____

_____

'Undersigned applicant agrees that the City of Blue Springs shall have no responsibility in rendering or not rendering any service or in termination of service in connection with any alarm or alarm system, any service being voluntary and solely for the benefit of applicant.'

**Signature:** _____
**Alarm Subscriber/Subscriber Agent**

**Return this application to:** ***Alarm Coordinator***
***Blue Springs Police Department***
***1100 S.W. Smith***
***Blue Springs, MO 64015***

Revised 05/2003