City of Blue Springs Alarm User Permit Application

	(To be assigned)		n Revised Application Date	
	(☐ Business Alarm	n 🔲 Residential Alarm	
If a	rm subscriber: business, enter the busine use/roommate, address ar		phone number. If a residence, list the resid	ent's name,
N	ame:		Telephone (Work): (_)
s	pouse / Roommate:		Telephone (Work): (_)
N	lailing Address:		Telephone: ()	
. Adc	Iress of alarmed premise	es:	Telephone: ()	
	e of alarm system: ock the appropriate box.			
[☐ Security Alarm	Fire Alarm	Both Security <u>and</u> Fire Alarms	
Che	nitored by: eck the appropriate box. <u>If</u> nber including area code.	monitored, list your mo	nitoring company's name, address includi	ng zip and phone
[Alarm subscriber (Audible)	☐ Blue Springs Poli (Directly wired to		eports to Police Dep
Na	me.			
			Telephone No: <u>()</u> _	
Add	dress:	contacted in the event	Zip:the subscriber cannot be reached:	
Add Res	dress:sponsible person to be c	contacted in the event t the above listed addre	Zip:_ the subscriber cannot be reached: ss.	
Add Res	dress:sponsible person to be one of the persons residing a state of the person to be one of the person to	contacted in the event t the above listed addre	Zip:the subscriber cannot be reached: ss Home Telephone No: ()_	
Add Res	dress:sponsible person to be conot list persons residing and an an and an	contacted in the event t the above listed addre	Zip:Zip:Zip:	
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Return this application to: Alarm Coordinator
Blue Springs Police Department

1100 S.W. Smith Blue Springs, MO 64015 Phone: 816-228-0247

Alarm Subscriber/Subscriber Agent

Signature: