

**CITY OF BLUE SPRINGS
RESIDENTIAL ALARM PERMIT
APPLICATION**

Permit # _____ New Application ___ Revised Application Current Permit # _____ Date: _____
(To Be Assigned)

Residential Alarm Address: _____

1. Alarm Subscriber:

List the resident's name, spouse/roommate, address and phone number.

Name: _____ Date of Birth: _____

Phone Number: Cell (_____) _____ Work (_____) _____

Spouse/Roommate: _____ Date of Birth: _____

Phone Number: Cell (_____) _____ Work (_____) _____

Mailing Address: _____
(If different from Alarm Address)

2. Monitored by:

Name : _____ Phone Number: (_____) _____
(That reports to Police Department)

Address: _____

3. Responsible person to be contacted in the event the subscriber cannot be reached:

(Do NOT list persons residing at the above listed address) Please use local KC Area contacts.

A. Name: _____ Phone Number: (_____) _____

Address: _____

B. Name: _____ Phone Number: (_____) _____

Address: _____

4. Additional Information:

Signature: _____
Alarm Subscriber

Return this application to: **Alarm Coordinator**
Blue Springs Police Department
1100 SW Smith ST
Blue Springs MO 64015