



LEE'S SUMMIT MISSOURI



POLICE DEPARTMENT

RESIDENTIAL/BUSINESS ALARM SUBSCRIBER:

Enclosed is information needed to register your alarm system with the Lee's Summit Police Department, as required by City ordinance. Please review the ordinance (Lee's Summit Code of Ordinances Article IV. Sec. 22-77.A.), complete and return the attached Alarm Identification Number Application. There is a \$25 fee to register your alarm system. There are instructions for payment at the bottom of the application.

Information on your completed application will be entered into a database at the police department and can be made available to aid officers in answering alarm calls at your location. **Additionally, you will be billed an annual application renewal fee, in the amount of \$10, at the beginning of next calendar year. Please do not pre-pay the renewal fee or your application will be returned to you.**

Upon receipt of the application fee, and approval of your Alarm Identification Number Application, you will receive an alarm identification number, and alarm identification sticker (to be displayed on a window or door) which indicates that your system is registered with the Lee's Summit Police Department.

If you have any questions, call the Alarm Coordinator, at 816-969-1729, Monday through Friday 7:00 a.m. to 4:00 p.m.

Sincerely,

Elyane Lynch
Alarm Coordinator

LEE'S SUMMIT POLICE DEPARTMENT ALARM SUBSCRIBER PERMIT

Date Of Application: _____

Date Alarm Placed In Service: _____

Please check one of the following:

Business Residential Transfer Update Only

| | | | |
|------------------------------|-------------|-----------------|----------|
| BUSINESS OR RESIDENT NAME: | | | |
| Last Name | First Name | Middle Initial | |
| ADDRESS (Location of Alarm): | | | |
| Street Number | Street Name | Suite/Apartment | Zip Code |

| | | | | |
|--|---------|-----------------|------|----------|
| PROPERTY OWNER NAME AND BILLING ADDRESS(If Different From Above) | | | | |
| Name | Address | Suite/Apartment | City | Zip Code |

| | |
|---------------|------------|
| PHONE NUMBER: | ALTERNATE: |
|---------------|------------|

| EMERGENCY CONTACT | ADDRESS | Phone Number |
|-------------------|---------|--------------|
| | | |

| | | | |
|---------------------------------------|-----------|---------|------------------|
| TYPE OF ALARM: (Check all applicable) | Intrusion | Hold-Up | Outside Audible* |
|---------------------------------------|-----------|---------|------------------|

*If Outside Audible is checked, will this system cease to emit and audible sound after 15 minutes of activation?
 YES NO

| | | | | |
|--|----------------|------|-------|----------|
| Name and address of firm installing (or who has already installed) the system: | | | | |
| Name | Street Address | City | State | Zip Code |

| | | | | |
|--|----------------|------|-------|----------|
| IS ALARM MONITORED BY AN ALARM SERVICE: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by whom? | | | | |
| Name | Street Address | City | State | Zip Code |

| | |
|----------------------------|-------|
| Signature of Subscriber:** | Date: |
|----------------------------|-------|

Return this completed permit and your remittance of \$25 to: Email _____

Lee's Summit Police Department 10 NE Tudor Lee's Summit, MO 64086 Attn: Records Unit

Checks should be made payable to "City of Lee's Summit"

You may remit in person at the Records Unit, Monday-Friday, from 7:00 a.m. to 4:00 p.m.

YOU MUST BRING THIS COMPLETED PERMIT WITH YOU.

If you are utilizing your credit card and paying by mail, **you must complete the permit and the portion below and return the entire permit to the address above. If ANY credit card information is omitted, or is not legible, payment will not be processed.** If you have any questions contact the Alarm Coordinator at 816.969.1715. **Credit card payments will be assessed 2.25% per transaction fee.**

| | | | |
|--------------------------------------|-------------------------------|-----------------------------------|---|
| Master Card <input type="checkbox"/> | Visa <input type="checkbox"/> | Discover <input type="checkbox"/> | American Express <input type="checkbox"/> |
|--------------------------------------|-------------------------------|-----------------------------------|---|

| | | | |
|---------|---|------------|--------------------------|
| Card #: | Expiration Date: / / (2 digit month/2 digit yr) | CVV: _____ | Card Holder's Signature: |
|---------|---|------------|--------------------------|

**Undersigned applicant agrees that the City of Lee's Summit 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 and at no expense to applicant.