

City of Lenexa
Alarm User Permit Application



DATE OF APPLICATION:	ACTIVATION DATE:
BUSINESS NAME OR RESIDENCE:	
IF CURRENT CITY BUSINESS LICENSE HOLDER, ENTER LICENSE ID# :	L_____

NAME OF ALARM COMPANY:	
HOME OR BUSINESS ADDRESS:	
SUITE/APT.#:	ZIP:

PRIMARY CONTACT:	HOME PHONE: ()
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SECONDARY CONTACT:	PHONE: ()
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Please sign and enclose this application with your payment, payable to

NO REFUNDS FOR DISCONTINUED ALARM SYSTEMS WILL BE GIVEN.

**Office of the City Clerk
Lenexa City Hall
P.O. Box 14888
Lenexa, KS 66285-4888
913-477-7700**

USER'S SIGNATURE _____ **DATE** _____