

PERMIT NUMBER \_\_\_\_\_ DATE REC'D \_\_\_\_\_ AMT REC'D \_\_\_\_\_  
..... Above Area For City Use Only.....

**OVERLAND PARK POLICE DEPARTMENT  
ALARM USER PERMIT APPLICATION**

**Alarm Ordinance 5.06.030 (a) In accordance with O.P.M.C.5.06.020, every alarm user or operator shall obtain an alarm permit from the Police Department Alarm Coordinator's office prior to operation or activation of an alarm system. Alarm permits are non-transferable. Each separate building, structure, business, premise or facility maintaining one or more alarm systems must obtain an alarm user's permit. Each permit shall bear the signature of the Chief of Police or his or her designee and shall be physically kept upon the premises using the alarm system and shall be available for inspection by the Chief of Police, his or her designee or any police officer upon request.**

Permit Address (Please type or print clearly)	Mailing Address (If different from permit address)
_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
( ) ( )	( ) ( )
Telephone Work	Telephone Work

Pursuant to Alarm Ordinance 5.06.040(d) Whenever a change occurs relating to written information required by this ordinance, the alarm user shall give notice thereof to the Alarm Coordinator's office within 15 days after such becomes effective.

If alarm system is for a **residence**, provide your Drivers License #: \_\_\_\_\_ and check one of the following:

Apartment/Condominium: Development Name \_\_\_\_\_ Duplex \_\_\_\_\_ Single Residence \_\_\_\_\_

If alarm system is for a **business**, provide your Tax ID #: \_\_\_\_\_ Hours of Operation \_\_\_\_\_  
and circle one of the following:

Financial \_\_\_\_\_ Government \_\_\_\_\_ Health Club \_\_\_\_\_ Medical \_\_\_\_\_ Religious \_\_\_\_\_  
Restaurant/Bar \_\_\_\_\_ Retail \_\_\_\_\_ Warehouse/Storage \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_

Name of Alarm Monitoring Company \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Name of Alarm Company \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

For a NEW system, list the date your system was installed \_\_\_\_\_

If you took over an existing system, list the date YOU began using the alarm system \_\_\_\_\_

Please list below the names of responsible persons to be contacted to assist police, if needed, in securing the premises or resetting a malfunctioning alarm. These are people that have a key to your home/business and know how to use your alarm system.

Name	Name
_____	_____
Relationship to business or to you (Manager, friend, etc.)	Relationship to business or to you (Manager, friend, etc.)
_____	_____
Telephone ( )	Telephone ( )
_____	_____
Work ( )	Work ( )
_____	_____

**PERMIT FEES: A one-time fee of \$10.00 is assessed for each alarm permit.** City Ordinance requires that you obtain an alarm permit before you begin using your alarm system. Failure to do so may result in a \$25 late fee and police response to your alarm activations will be suspended until a valid permit is obtained. Applications submitted with the incorrect fee will be returned.

**PLEASE ENCLOSE THE PERMIT FEE WITH YOUR APPLICATION.** MAKE CHECKS PAYABLE TO: CITY OF OVERLAND PARK

**MAIL TO:** City of Overland Park, Alarms, P.O. Box 25707, Dept. 142, Overland Park, KS. 66225-5707

It is very important that you fully understand how to operate your alarm system properly. If you have not received thorough training on the system's operation, please contact a reputable alarm service provider for training. Please read the alarm ordinance summary on the reverse side before signing below. Your signature is required and certifies that you understand the alarm ordinance summary and that you will not use your alarm system until you have received adequate training in the proper use, care and maintenance of your alarm system. Your permit will be mailed to you in a few weeks. Under the current alarm ordinance, your permit will be valid for as long as you operate an alarm system at the same location. If you have any questions, please contact the Alarm Coordinator's office at 913-327-6722.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is effective 012/01/02. All other application forms are obsolete and will not be accepted.

**APPLY FOR THIS PERMIT ON-LINE AT [www.opkansas.org/police/alarms](http://www.opkansas.org/police/alarms)**