MISSION ALARM REGISTRATION FORM
(ORDINANCE 1050 and 1051)

(As of 09/28/2002 all business and residential alarm systems must be registered with the Mission Police Department)

Please print all Information and return to:
Mission Police Department
6090 Woodson, Mission KS 66202

Resident or Business Name: ________________________________
(Alarm System User)

Resident or Business Address: __________________________
(Full Street Address, Apt. or Suite No.)

Home Phone: _____-____-_______  Cell Phone: _____-____-_______

Bus. Phone: _____-____-_______  e-mail Address: _______________________

Primary Contact: ____________________________________________
(Name, Full Address, Area Code and Telephone Number)

Second Contact: _____________________________________________
(Name, Full Address, Area Code and Telephone Number)

Alarm Service Company: ________________________________
(Alarm System Provider)

Address: ______________________________________ Phone: _____-____-_______

Does Alarm System Have an Outside / Audible Warning: YES □  NO □

Is Audible Warning Alert Timed: YES □  NO □

Specify Intervals: ___________________________________________

Does Alarm System Automatically Reset: YES □  NO □

How Long Before Reset: _________________________________

Will Alarm Co. Notify Police to Disregard Call When Necessary: YES □  NO □

Alarm Covers:  ATM □  A. W. A. R. E. □  Burglary □  CO2 □  Door(s) □  Duress □
Fire □  Glass Break □  Hold-Up □  Interior Noise □  Interior Motion □  Intrusion □
Medical □  Panic □  Perimeter □  Roof □  Safe / Vault □  Smoke □  Tamper □
Trouble □  Window(s) □  Other: ____________________________

List Hazardous Material(s) that are on site on back of this form.

________________________________________________________________________

Below this Line for Office Use Only

Registration No. ____________  Issue Date ____________  Exp. Date ____________