

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 _____