SECURITY ALARM APPLICATION
CITY OF FAIRWAY, KANSAS

WHEN COMPLETE PLEASE MAIL APPLICATION, ALONG WITH THE $10.00 REGISTRATION FEE, TO: FAIRWAY POLICE DEPARTMENT, 5252 BELINDER, FAIRWAY, KANSAS 66205

1. BUSINESS ALARM _____ RESIDENTIAL ALARM _____
2. ADDRESS _____
3. NAME OF RESIDENT / BUSINESS _____
4. HOME TELEPHONE (___)_____ WORK/CELL _____
5. SOMEONE AT ANOTHER ADDRESS TO BE CONTACTED IF NECESSARY:

   NAME _____

   ADDRESS _____

   PHONE (___)_____
6. PROPERTY OWNER / BUSINESS OWNER, IF DIFFERENT FROM #3:

   _____
7. TYPE OF SYSTEM:

   FIRE _____ MEDICAL_____ HOLD UP_____ INTRUSION_____
8. INSTALLER NAME _____
9. INSTALLER ADDRESS _____
10. DATE INSTALLED OR TOOK POSSESSION_____
11. SERVICED BY_____
12. MONITORED BY_____

BUSINESS OWNER/RESIDENT SIGNATURE _____

FOR OFFICE USE ONLY:

PERMIT#_____ **RECEIPT #**_____ **DATE** _____