

**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 _____