

**SECURITY ALARM APPLICATION
CITY OF FAIRWAY, KANSAS**

WHEN COMPLETE, PLEASE MAIL APPLICATION ALONG WITH \$10.00 REGISTRATION FEE TO:

**FAIRWAY POLICE DEPARTMENT
5252 BELINDER
FAIRWAY, KANSAS 66205**

1. RESIDENTIAL ALARM _____ BUSINESS ALARM _____

2. ADDRESS: _____

3. NAME OF RESIDENT / BUSINESS: _____

4. PHONE NUMBER: (HOME) _____ (CELL) _____ (WORK) _____

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: _____

ADDRESS: _____

9. DATE INSTALLED OR TOOK POSSESSION: _____

10. SERVICED BY: _____

11. MONITORED BY: _____

RESIDENT / BUSINESS OWNER SIGNATURE: _____

FOR OFFICE USE ONLY:

ALARM PERMIT# _____ RECEIPT# _____ DATE: _____

CITIZENSERVE PERMIT# _____ / FILE # _____