



- Residential New Permit \$10
- Commercial New Permit \$10
- Update \$0

Leawood False Alarm Reduction Program
 PO Box 310808 Des Moines, IA 50331-0808
 Phone: (833) 279-5535
 Website: <https://www.crywolfservices.com/leawoodks>
 Email: leawoodks@alarm-billing.com

Account # _____



INSTRUCTIONS: Print legibly or type. A separate application must be completed for each address to be permitted. Please attach the non-refundable payment (check or money order) and return to the address shown at the top of this form. You may also update your registration information and submit your payment online at: www.crywolfservices.com/leawoodks.

1 Alarmed Location

Occupant Name or Business Name _____

Address _____ Suite/Apt# _____

City _____ State _____ Zip _____ Phone Number _____ Email Address _____

2 Responsible Party (must be a person)

Name _____ Phn1 _____ H/W/C/O _____

_____ Phn2 _____ H/W/C/O _____

_____ Phn3 _____ H/W/C/O _____

Address _____ Phn4 _____ H/W/C/O _____

City _____ State _____ Zip _____

3 Contact Names

Contact 1

Name/Address _____ Phn1 _____ H/W/C/O _____

_____ Phn2 _____ H/W/C/O _____

Contact 2

Name/Address _____ Phn1 _____ H/W/C/O _____

_____ Phn2 _____ H/W/C/O _____

4 Additional Information

Date Installed/Activated _____ Automatic Reset

Audible

Special Conditions/ Hazards _____

5 Alarm Companies Not Monitored System Type: Burglary / Robbery / Emergency / Fire / Other

Monitored By

Name _____ State License # _____ Phn1 _____

_____ Phn2 _____

Address _____

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the City Ordinance. I accept responsibility for payment of all fees and fines that may result from the operations of the alarm system servicing the above premises.

Signature (permit holder) _____ **Printed Name** _____ **Date** _____

Check here if you would like correspondence and bills sent via email.