

**CITY OF LIBERTY, MISSOURI
APPLICATION FOR ALARM PERMIT**

PERMIT #

NEW PERMIT

NAME OF APPLICANT:

ADDRESS WHERE ALARM IS INSTALLED:

HOME ADDRESS OF APPLICANT:

TELEPHONE NUMBER: HOME

WORK

PROPERTY OWNER (IF OTHER THAN ABOVE):

PROPERTY OWNER ADDRESS:

PROPERTY OWNER PHONE #

EMERGENCY CONTACT PERSON

1. NAME

PHONE #

ADDRESS

1. NAME

PHONE #

ADDRESS

TYPE OF SYSTEM

INSTALLER

DATE OF INSTALLATION:

INSTALLER PHONE #

SERVICE PROVIDER

SERVICE PROVIDER ADDRESS

SERVICE PROVIDER PHONE #

CENTRAL STATION MONITOR (WHO CALLS POLICE?)

MONITOR ADDRESS

MONITOR PHONE #

OTHER INFORMATION

APPLICANT SIGNATURE

DATE

INSPECTED BY

DATE

PERMIT APPROVED

DATE