

**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. EMAIL:** \_\_\_\_\_

**6. SOMEONE AT ANOTHER ADDRESS TO BE CONTACTED IF NECESSARY:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**7. PROPERTY OWNER / BUSINESS OWNER, IF DIFFERENT FROM #3:**

\_\_\_\_\_

**8. TYPE OF SYSTEM:**

**FIRE** \_\_\_\_\_ **MEDICAL** \_\_\_\_\_ **HOLD UP** \_\_\_\_\_ **INTRUSION** \_\_\_\_\_

**9. INSTALLER:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**10. DATE INSTALLED OR TOOK POSSESSION:** \_\_\_\_\_

**11. SERVICED BY:** \_\_\_\_\_

**12. MONITORED BY:** \_\_\_\_\_

**RESIDENT / BUSINESS OWNER SIGNATURE:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**ALARM PERMIT#** \_\_\_\_\_ **RECEIPT#** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**CITIZENSERVE PERMIT#** \_\_\_\_\_ / **FILE #** \_\_\_\_\_ **PAYMENT** \_\_\_\_\_