



**City of Olathe Alarm Registration-Residents/Businesses**

**Use this form to register residents and businesses**

Permit/Registration No. \_\_\_\_\_

Mail to: Olathe False Alarm Reduction Unit, P.O. Box 768, Olathe, KS 66051-0768, drop off at 100 E. Santa Fe Street or fax to 913-971-8525.

Alarm Registrations are valid January 1-December 31 of the current year.

**NO REGISTRATION FEE REQUIRED. A REGISTRATION FORM MUST BE RETURNED IN THE TIME SPECIFIED IN THE LETTER OR A \$50 FINE FOR OPERATING A NON-REGISTERED ALARM SYSTEM.**

(Residential alarm users, please complete Sections A and C through G.)

**A. Residential Alarm User Information:**

**Alarm User Name:** \_\_\_\_\_  
First Name Last Name

**Alarm Location:** \_\_\_\_\_  
Street Number Street Prefix Street Name Street Suffix Suite/Apt. No.

\_\_\_\_\_  
City State Zip Code

Home Phone Work Phone Cell Phone or Pager E-mail Address

**Type of Alarm (check all that apply):** Burglar /\_\_\_/ Panic /\_\_\_/ Medical /\_\_\_/ Robbery/Holdup /\_\_\_/ Fire/\_\_\_/

**B. Commercial Alarm User Information:** (Commercial alarm users, please complete Sections B through G.)

\_\_\_\_\_  
Name of Corporation, Sole Proprietor or Partners

\_\_\_\_\_  
Trade Name(s) Used by Business

**Alarm Location:** \_\_\_\_\_  
Street Number Street Prefix Street Name Street Suffix Suite/Apt. No.

\_\_\_\_\_  
City State Zip Code Business Phone Number

**Owner or President of Business:** \_\_\_\_\_  
First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address

**Local Manager:** \_\_\_\_\_  
First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address

**C. Mailing Address:** (If different from Location of Alarm System)  
\_\_\_\_\_

**D. Contact Information:** (List two people, other than the owner, who can respond to alarm activation.)

**1<sup>st</sup> Contact Name:** \_\_\_\_\_  
First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address

**2<sup>nd</sup> Contact Name:** \_\_\_\_\_  
First Name Last Name

Home Phone Work Phone Cell Phone or Pager Email Address

**E. Alarm Service/Install Company:** \_\_\_\_\_

License No. \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**F. Alarm Monitoring Company:** \_\_\_\_\_

License No. \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**G. Special Conditions:** (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Business EIN#:** \_\_\_\_\_

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 the provisions of the Olathe Municipal Code and with applicable State Laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above premise. I have read the information on the Olathe False Alarm Reduction Program. Permit/Registration of an alarm system is not intended to, nor will it, create a contract, duty or obligation, either expressed or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By permitting/registering an alarm system, the alarm user acknowledges that police response may be based on factors such as availability of police units, priority of calls, weather conditions, traffic conditions, emergency situations and staffing levels.

DEPARTMENT USE ONLY  
CK# \_\_\_\_\_  
MO# \_\_\_\_\_  
EFT# \_\_\_\_\_  
AMTS \_\_\_\_\_  
DATE \_\_\_\_\_