



City of Leavenworth
 100 N. 5th Street
 Leavenworth, KS 66048
 913-682-9201 Fax: 913-651-7143
www.lvks.org

ALARM USER APPLICATION

ALARM USER PERMIT APPLICATION AVAILABLE
 ONLINE THROUGH SERVICES/PAYMENT CENTER

The undersigned hereby makes application for an Alarm Permit in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 42 (emergency services).

New \$15.00 **Renewal \$15.00** **Late \$35.00**

Applicant / Business Name: _____

Mailing Address: _____ City: _____ State & Zip: _____

Home Phone: () _____ Daytime Phone: () _____ Email: _____

Address of Premises in the City of Leavenworth where Alarm System is Operated if Different from Above Address:

Address: _____ City: _____ State & Zip: _____

IN CASE OF ALARM ACTIVATION, who can respond to reset the alarm or secure the premises other than listed above.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Alarm Purchased/leased from:

Name of Alarm Company: _____ Phone Number: _____

Alarm *Monitored* from what Central Station:

Name of Alarm Company: _____ Phone Number: _____

The following is a list of charges for false alarms in a 12 month period:

- 1-6 False Alarms ----- No Charge for Valid Permit
- 7-12 False Alarms ----- \$65.00
- Over 12 False Alarms ----- \$325.00
- Permit Revoked ----- \$325.00

Any alarm system which has six false alarms within the last 12-month period shall be subject to permit revocation as provided in the code of ordinance.

A late charge of \$35.00 will be charged to users who fail to obtain a permit within 30 days after the effective date of the ordinance from which this article is derived or who are 30 days delinquent in renewing a permit, or who do not obtain a permit within 30 days of activating a new alarm system. (Chapter 42)

By signing, I agree to comply with the City of Leavenworth Ordinance, Rules, or Regulation that govern the license.

Applicant's Signature: _____ Date: _____

ALARM PERMITS EXPIRE JUNE 30TH OF EACH YEAR

FOR OFFICE USE ONLY

Date: _____ City Clerk's Office Staff Received by: _____

Alarm User- **AL4** Alarm Permit # _____ Business License Account # _____ Bill # _____