CITY OF JUNCTION CITY
ALARM REGISTRATION

For: ☐ Commercial ☐ Residential ☐ Other *(Specify)*			Type: ☐ New ☐ Renewal
Address To Be Alarmed		Zip Code	Date Moved To This Address
Name of Business/Organization (Fill in Applicant Section If Residential)			Business/Organization Phone
Address	City & State	Zip Code	Billing Phone
Monitored by Police Department ☐ Monitored by Private Company ☐			
Applicant's Full Name (Person Responsible for the Alarm)			Date of Birth
Home Address	City & State	Zip Code	Home Phone
Business Address	City & State	Zip Code	Business Phone
E-Mail Address	Social Security #		State/DL #
Name of Primary Person To Contact for After-Hours Emergency			Phone
Name of Secondary Person To Contact for After-Hours Emergency			Phone

Alarm Company Information MUST Be Filled Out

Alarm Company Name	Address (Include City and Zip Code	Phone
Any Other Pertinent Information About the Location		
E-Mail Address		

Confidentiality. Alarm system locations, types of systems, and the names of occupants at permitted locations are confidential information. This information cannot be disclosed to others.

"The information contained in this application is true and correct as of the date of this application. I will inform the City of Junction City promptly of any changes. I shall comply with all provisions of the Alarms Chapter of the Code of the City of Junction City and all applicable laws of the State of Kansas. I accept responsibility for all fines and fees that may result from the operation of the alarm system for the premises named in this application and shall pay all cost, expenses and attorney's fees incurred or paid by the City of Junction City for the collection of such fines or fees."		
Applicant's Signature	Applicant's Name Printed	Date Signed

For Office Use Only	
Date Received/Issued	Expiration Date

***There will be a $25.00 per calendar year fee if monitored by the Police Department**