



CITY OF SALINA
P.O. BOX 141567, IRVING, TX 75014, Phone (888)-535-5786
ALARM PERMIT APPLICATION

Please type or print in BLOCK CAPITAL LETTERS clearly inside the box. (Please print)

Type of Alarm: [ ] Residential [ ] Commercial [ ] Exempt Location 1st - 4th [ ] Exempt Location 5th or more
[ ] Burglary [ ] Robbery/Panic

Name of Registration Holder: [Grid]

Business Name: [Grid]

Name of responsible party: [Grid]

Alarm Location: (Include Building/Apt #) (Include Suite or Unit #) [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Billing Address: (if different) [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Enroll to Go Paperless: [ ] (If enrolled, you opt for email notifications and you will no longer receive notifications by USPS. If not enrolled, you agree to receive notifications by USPS.)

Email Address: [Grid] (If enrolled to Go Paperless, valid email address is mandatory.)

Home Phone: [Grid] Cell Phone: [Grid]

Office Phone: [Grid]

EMERGENCY CONTACTS

Name: [Grid]

Phone #1: [Grid] Phone #2: [Grid]

Name: [Grid]

Phone #1: [Grid] Phone #2: [Grid]

SPECIAL CONDITIONS (Optional) In order to ensure the safety of our officers, the public and to enable the Salina Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, weapons, hazardous substances, etc.)

Comment: [Grid]

ALARM INSTALLATION DETAILS

Alarm Installation Date: [Grid] / [Grid] / [Grid] Phone #: [Grid]

Alarm Installation Company: [Grid]

Address: [Grid]

Monitoring Company: (if different) [Grid]

Address: [Grid]

Phone #: [Grid]

PLEASE READ THE FOLLOWING AND SIGN: This is to certify that as the applying principal, my immediate family, tenants, or employees who have access to the protected premises have been given training which includes procedures and practices to follow in the event that the alarm system is accidentally activated, I also acknowledge that the installation company left me a set of written instructions for the alarm system, including written guidelines on how to avoid false alarms. The Police response may be influenced by factors including, but not limited to, the availability of officers, priority calls, traffic conditions, emergency conditions and staffing levels.

Signature: (Owner) \_\_\_\_\_ Date: [Grid] / [Grid] / [Grid]

In accordance with the City of Salina, KS Ordinance No. 15-10778 ARTICLE III (False Alarms), if you have an active alarm system in the City of Salina, KS, it must be registered with the City for an annual fee listed below:

Registration: \$25 for Residential and Commercial

Renewal: \$25 for Residential and Commercial

For Customer Service Call: 1-888-535-5786
Mail this form and payment to:
City of Salina Alarm Program
P.O. BOX 141567, IRVING, TX 75014