

PERMIT NUMBER _____ DATE REC'D _____ AMT REC'D _____
.....Above Area for City Use Only.....

**CITY OF MANHATTAN
ALARM USER PERMIT APPLICATION**

Alarm Type

Location of Alarm System	Alarm User
_____	_____
Name of Protected Person or Entity	Name of Person Responsible for Alarm System
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Telephone Number	Telephone Number

What type of premises are being protected by the alarm system named in this permit application?
(Examples: Home, apartments, business, etc.)

_____ Name of Alarm Monitoring Company _____ Phone Number of Alarm Monitoring Company

For a NEW system, list the date your system was installed _____

If you took over an existing system, list the date YOU began using the alarm system _____

If you wish, you may list below the names of responsible people to be contacted to assist police/fire, if needed, in securing the premises or resetting a malfunctioning alarm. This information is optional.

_____ Name & Relationship to You _____ Name & Relationship to You

_____ Home Telephone _____ Home Telephone

_____ Work Telephone _____ Work Telephone

Please enclose a permit fee of \$25 for each permit type. Alarm users failing to obtain a valid permit in accordance with City Ordinance may be prosecuted in Municipal Court. Make checks payable to the City of Manhattan and mail or hand deliver to:

City of Manhattan
Accounts Receivable
1101 Poyntz Ave.
Manhattan, KS 66502

PERMIT NUMBER _____ DATE REC'D _____ AMT REC'D _____
.....Above Area for City Use Only.....

It is very important that you fully understand how to operate your alarm system properly. If you have not received thorough training on system operation, please contact a reputable alarm service provider for training. Please read the [alarm ordinance summary](#) before signing below. Your signature is required and certifies that you understand the alarm ordinance summary and have been adequately trained in the proper use, care and maintenance of your alarm system. Alarm users may be required to submit further information supplemental to this application upon request of the City. Your permit will be mailed to you in a few weeks. Under the current alarm ordinance, your permit will be valid for as long as you operate the same alarm system at the same location. If you have any questions, please contact the Alarm Coordinator's office at 587-4504. Effective date: 01-01-99.

Signature

Date