



City of Edwardsville, Kansas
690 S. 4th Street
Edwardsville, Kansas 66111
913-441-3707

Date: _____

Burglary / Intrusion Fire Medical (mark all that applies)

Residence Business

RESIDENTIAL CUSTOMERS ONLY

Name _____

Address _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Alarm Company and Ph number: _____

1st Contact's name _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

2nd Contact's name _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

COMMERICAL CUSTOMERS ONLY

Business Name _____

Business Owner's name _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Alarm Company and Ph number: _____

Manager's name _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Edwardsville residents and businesses which own and operate an alarm system are required to register their alarm with the city, as well as update the city should details change. Please return to address above or email form to aholloway@edwardsvilleks.org.