



120 Barrington Avenue - East Dundee, IL 60118

Phone: 847-426-2822 Fax: 847-426-2956

ALARM PERMIT

DATE OF APPLICATION: _____ BUSINESS OR RESIDENCE

ALARM LOCATION _____ If Business-OWNER/MANAGER

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE _____ TELEPHONE _____

IF BUSINESS-HOURS OF OPERATION _____

BUSINESS EMERGENCY CALL OUT LIST IN EVENT OF ALARM AFTER HOURS

1.	NAME	PHONE #
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

IF RESIDENCE - HOME OWNER(S) WORK NUMBERS: _____

IF RESIDENCE - NOTIFICATION PROCEDURE IN EVENT HOME OWNER NOT PRESENT

1. _____
2. _____
3. _____
4. _____
5. _____

NOTE: Persons listed should have access to residence and be familiar with alarm functions, shut off procedures and codes.

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DESCRIPTION AND LOCATION OF ALARM ON PREMISE: _____

NAME, ADDRESS, AND TELEPHONE OF
ALARM INSTALLER

NAME, ADDRESS AND TELEPHONE OF
BUSINESS MONITORING OR
MAINTAINING ALARM:

Date Approved

Approved By