



VILLAGE OF ALGONQUIN APPLICATION / PERMIT FOR EMERGENCY ALARM SYSTEM

Application for: New Alarm System Continuation of Existing Alarm
 Change of Information Alteration to Existing System

Type of Alarm(s)
Check all that apply Burglar Fire Medical Other

The Premises are used for:	Business	Residence	Other

Business/Resident Name: _____

Phone at Premises: _____

Address of Premises: _____

Name of Building /
Name of Owner of Premises:

Home Phone of Above Owner: _____

Home Address of Owner (if different than above): _____

City _____ State _____ Zip _____

**** To be completed by Business Establishments Only (Residents, skip to page 2)**

NAME OF BUSINESS:

Owner of Business: _____ Phone: _____

Address of Owner: _____

City _____ State _____ Zip _____

Name of Manager: _____ Home Phone: _____

Manager Home Address

City
State
Zip

Business Hours:

ist Employees authorized access to building after hours:

there a Knox Box on Premises? Circle: Y N

yes, identify location:

Key(s) in box? Circle Y N

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This section must be completed by ALL Alarm Owners **

Emergency call list of person to notify upon receipt of alarm, or in the event of an emergency:

#1 Name _____

#2 Name _____

#3 Name _____

#4 Name _____

Please describe Alarm Control Panel and Location on Premises:

Panel Brand/Type: _____

Location on Premises: _____

Information regarding Alarm Contractor maintaining or monitoring the system:

Alarm Company Name: _____

Address: _____

City _____ State _____ Zip _____

24-Hour Number of **MONITORING COMPANY:** _____

Standard procedures are established and followed in the event of an alarm. If other than standard procedures are to be followed, please contact the Alarm Administrator.

In consideration of this application and attached information being made a part thereof, and the issuance of a permit, I will conform to the regulations set forth in the Village of Algonquin Municipal Code.

I also agree that all work performed will be in accordance with the plans, specifications and diagrams which accompany this application, except such changes as may be authorized or required by the Building Commissioner or Alarm Administrator.

Signed this _____ day of _____ 200_____.

Owner or Authorized Signature _____

Received on _____ 200_____.

Village of Algonquin – Alarm Administrator

Village Website: www.algonquin.org