

VILLAGE OF BARRINGTON

PERMIT APPLICATION FOR ALARM SYSTEM

BUSINESS OR RESIDENTIAL NAME _____

STREET ADDRESS _____

TELEPHONE _____

BUSINESS OWNER'S NAME _____

BUSINESS OWNER'S HOME ADDRESS _____

TELEPHONE _____

TYPE _____ BURGLAR
OF _____ HOLD-UP
ALARM _____ SMOKE
_____ FIRE

TYPE OF _____ RECEIVING STATION ALARM
ALARM _____ DIRECT DIAL SYSTEM
SYSTEM _____ LOCAL ALARM SYSTEM

NAME OF ALARM COMPANY _____

ALARM COMPANY ADDRESS _____

ALARM COMPANY PHONE NUMBER _____

I agree to provide Barrington Police and Fire personnel with access to the premises at all times for the purpose of investigating emergency calls and to provide the following information for that purpose:

1. Key Holder Name _____
Street Address _____ Telephone _____
2. Key Holder Name _____
Street Address _____ Telephone _____
3. Key Holder Name _____
Street Address _____ Telephone _____

I understand that the Village of Barrington shall not be liable for any failure of service or damages including damages resulting from breaking to gain entrance, that might result from the installation or operation of any receiving station alarm, automatic dialing device, or local alarm. I further agree to indemnify the Village for all claims, demands, judgments, liability costs and expenses that may arise in any way as a result of the alarm systems.

DATE _____

SIGNATURE _____

Police/Fire Department _____

Approved/Denied _____

Date _____

Fee: _____

Permit Number _____

Date Issued _____