

Lyons Police Department 2012 Alarm User Permit
Please Print & filled out completely

Name/Business _____ Phone: _____

Address: _____

Type of alarm: Check all that apply

_____ Burglar /Hold up / Panic _____ Fire / Medical Alert

_____ Monitoring Alarm Company Name _____

_____ Other Hazards (Dog, Weapons etc.): _____

Home address of the Business owner for all businesses

Name _____ Address _____

City/State/Zip _____ Phone _____

Contacts to called in case of an alarm concern(in order)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Police will make every effort to attempt to notify someone of alarm activation. Police are **NOT** required to notify anyone; however, any failures to do so **DOES NOT** provide the alarm user any recourse.

This application must be accompanied with a \$15.00 application fee

Signature of User: _____ Date: _____

Date: _____ Amount Received _____ Check/Cash

Return to: Lyons Police Dept 4200 S. Lawndale Ave, Lyons 60534

Attn: Police Dept Communications