



VILLAGE OF LINCOLNWOOD ALARM PERMIT APPLICATION



Address of Alarm _____
Resident or Business Name _____
Telephone Number _____ Work Number _____
Cellular Number _____ Pager Number _____

Where is system located?

_____ House _____ Commercial
_____ Condo _____ Institution
_____ Apt _____

What type of alarm?

_____ Burglar _____ Medical
_____ Holdup _____ Fire/Smoke
_____ Other _____

What type of system?

_____ Direct Wire to PD _____ Central Receiving Station _____ Local Alarm (Outside Ringer)

RESIDENTIAL/CONDO/APT

Owner's name (if other than above) _____ Home Number _____
Address _____ Work Number _____

NON-RESIDENTIAL

Name of Person in Charge _____ Home Number _____
Address _____ (Owner, Manager, etc.) _____ Work Number _____

ALARM COMPANY

Name _____ Number _____
Address _____ Alt Number _____

Name of alarm system installer (if other than above) _____
Address _____ Telephone Number _____

I agree to provide the Lincolnwood Police and Fire Departments with access to the premises at all times for the purpose of investigating emergency calls when principal parties are not on premises, and provide the following information for that purpose:

Persons to be Contacted in My Absence (on Alt. Numbers please specify work, cell, pager, etc.)

1. Name _____ Number _____
Address _____ Alt Number _____
2. Name _____ Number _____
Address _____ Alt Number _____
3. Name _____ Number _____
Address _____ Alt Number _____

I agree that the Village of Lincolnwood shall not be liable for any failure of any alarm equipment to operate properly, or any improper installation of alarm equipment, or for any failure or inability to respond to any alarm signal, or for any damages resulting from an attempted or actual unlawful intrusion, or for any damages caused to my property in the course of responding to an alarm signal.

Date _____

Signature _____