

ALARM USER CERTIFICATE

CITY OF AURORA, ILLINOIS

Permit number _____

Check one: Business () Residence ()

1. Activation date of alarm: ____/____/____
2. Name: _____
3. Alarm address: _____ City: _____ Zip: _____
4. Home telephone number: (____) _____ Cell number: (____) _____
5. Mailing address: _____
- City: _____ State: _____ Zip code: _____
6. Type of Alarm: () Audible () Hold up
 () Silent () Burglary
 () Monitoring Service () Other
 Explain other: _____
7. Area(s) protected by alarm: _____

8. Name of alarm company: _____
9. Address of alarm company: _____
- City: _____ State: _____ Zip: _____
10. Alarm company 24-hour telephone number: (____) _____
11. Please list three (3) persons who will respond to an alarm call or an emergency:
- | <u>Name</u> | <u>Address</u> | <u>Phone Number</u> |
|-------------|----------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
12. Remarks or special instructions: _____

You must notify the Aurora Police Department IMMEDIATELY if there are any changes.
Aurora Police Department, 1200 E. Indian Trail, Aurora, IL 60505 Phone: 630-256-5007

(For Alarm Company Use Only)

Alarm Company Representative (print name): _____

Alarm Company Representative: _____

Signature	Title	Phone Number

(Do not write below this line - For Police Use Only)

Date application received: _____