



CITY OF OAK FOREST

15440 South Central Avenue Oak Forest, Illinois 60452-2195
708.687.4050 • Fax 708.687.8817 • www.oak-forest.org

Alarm Permit Application

PRINT ALL INFORMATION CLEARLY AND COMPLETELY.

TYPE OF ALARM: ☐ BURGLARY ☐ HOLD-UP ☐ FIRE ☐ MEDICAL

NAME: _____

ALARM SITE ADDRESS: _____

INCLUDE SUITE OR APT #

CITY

STATE

ZIP CODE

BILLING ADDRESS:

IF DIFFERENT THAN ALARM SITE

INCLUDE SUITE OR APT #

CITY

STATE

ZIP CODE

PERMIT HOLDER NAME: _____

LAST NAME

FIRST NAME

MIDDLE INITIAL

(AREA CODE) HOME PHONE _____ BUSINESS PHONE _____ CELL/PAGER # _____

DRIVER'S LICENSE: _____

STATE

DRIVER'S LICENSE NUMBER

E-MAIL ADDRESS: _____

ALARM MONITORING
COMPANY: _____

EMERGENCY CONTACT INFORMATION – 2 REQUIRED (RESIDENTIAL AND BUSINESS):

CONTACT NAME 1: _____

LAST NAME

FIRST NAME

MIDDLE INITIAL

CONTACT ADDRESS: _____

INCLUDE SUITE OR APT #

CITY

STATE

ZIP CODE

PHONE _____ CELL/PAGER # _____

CONTACT NAME 2: _____

LAST NAME

FIRST NAME

MIDDLE INITIAL

CONTACT ADDRESS: _____

INCLUDE SUITE OR APT #

CITY

STATE

ZIP CODE

PHONE _____ CELL/PAGER # _____

The permit is renewed yearly. It is the responsibility of the permit holder to ensure that the permit is renewed. Cancellation of a permit must be made in writing and submitted to the address or fax number below.

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the City Code 2011-01-03250, and applicable State laws. I accept responsibility for payment of all fines that may result from the operation of the alarm serving the above alarm site address. If you have any questions, please contact the Oak Forest Police Department at 708-687-1376 or fax at 708-687-6218.

DATE _____ SIGNATURE OF PERMIT HOLDER _____

FOR OFFICE USE ONLY

DATE RECEIVED	PERMIT #	EXPIRATION DATE	CHECK/MONEY ORDER #	AMOUNT RECEIVED	REP. INITIAL
---------------	----------	-----------------	---------------------	-----------------	--------------