



VILLAGE OF GURNEE POLICE DEPARTMENT ALARM PERMIT APPLICATION



TYPE OF APPLICATION:	BUSINESS <input type="checkbox"/>	RESIDENTIAL <input type="checkbox"/>	DATE: _____
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ADDRESS & TELEPHONE NUMBER OF THE PREMISES WHERE THE ALARM SYSTEM IS LOCATED:

ALARM HOLDER: _____	
ALARM ADDRESS: _____	PHONE NO: _____

PLEASE PRINT APPLICANT NAME & ADDRESS:

NAME OR COMPANY: _____	
ADDRESS: _____	CITY/STATE/ZIP: _____
HOME PHONE NO: _____	ALTERNATE PHONE NO.: _____

PLEASE LIST THREE PERSONS RESPONSIBLE FOR THE PREMISES WHERE THE ALARM SYSTEM IS LOCATED & WHO SHOULD BE CONTACTED TO DEACTIVATE THE ALARM SYSTEM:

1. NAME : _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE NO: _____ ALTERNATE PHONE NO.: _____

2. NAME : _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE NO: _____ ALTERNATE PHONE NO.: _____

3. NAME : _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE NO.: _____ ALTERNATE PHONE NO.: _____

PLEASE LIST THE NAME OF THE PERSON OR COMPANY AUTHORIZED TO DEACTIVATE THE ALARM SYSTEM WHEN NO PERSON LISTED ABOVE CAN BE REACHED:

NAME : _____	
ADDRESS: _____	CITY/STATE/ZIP: _____
HOME PHONE NO: _____	ALTERNATE PHONE NO: _____

PLEASE LIST THE NAME OF THE PERSON, FIRM OR CORPORATION WHICH INSTALLED THE ALARM SYSTEM

NAME : _____	FIRM OR CORPORATION: _____
ADDRESS: _____	CITY/STATE/ZIP: _____
HOME PHONE NO: _____	ALTERNATE PHONE NO: _____

ALARM SYSTEM TYPE:

☐ DIRECT CONNECT TO PD ☐ DIRECT CONNECT TO OUTSIDE CENTRAL STATION ☐ DIRECT CONNECT TO ANSWERING SERVICE ☐ OTHER

Explain: _____

ALARM SYSTEM:

☐ BURGLAR ☐ INTRUSION ☐ HOLD UP ☐ PANIC ☐ DURESS ALARM ☐ OTHER

Explain: _____

PLEASE COMPLETE APPLICATION IN FULL & RETURN TO THE GURNEE POLICE DEPARTMENT, ATTN: MARCIA DALY, 100 N. O'PLAINE RD, GURNEE, IL 60031 OR FAX TO 847-244-8678.