

APPLICATION FEE: (Initial Fee \$25)_____ (Renewal Fee \$15)_____ DATE OF APPLICATION:_____

APPLICANT LAST NAME:_____ FIRST NAME:_____

ALARM STREET ADDRESS:_____

CITY: ELMHURST STATE: ILLINOIS ZIP CODE: 60126 PHONE NUMBER:_____

EMAIL:_____

IF THIS IS AN ALARM FOR A BUSINESS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BUSINESS OWNER'S NAME:_____

BUSINESS NAME:_____

BUSINESS ADDRESS:_____

BUSINESS PHONE NUMBER:_____

- ALARM INFORMATION -
_____ **Fire Alarm** _____ **Police Alarm**

ALARM INSTALLED BY:_____ PHONE NUMBER:_____

ALARM MONITORED BY:_____ PHONE NUMBER:_____

ALARM SERVICED BY:_____ PHONE NUMBER:_____

CHECK ALL OF THE FOLLOWING THAT APPLY TO THE TYPE OF ALARM INSTALLED:

ANSWERING SERVICE: _____	AUTO/HOLD UP ALARM: _____	MANUAL FIRE: _____
AUDIBLE: _____	CENTRAL STATION: _____	MOTION: _____
AUTO BURGLAR ALARM: _____	COMBINATION: _____	POLICE ALARM: _____
AUTO FIRE: _____	DIRECT CONNECT: _____	SILENT: _____
AUTO/DIALING DEVICE: _____	LOCAL PREMISE ONLY: _____	SPRINKLER: _____

OTHER (EXPLAIN): _____

CONTACT PERSON (MINIMUM OF TWO NAMES REQUIRED)

PLEASE PROVIDE THE NAMES OF PERSONS WHO CAN BE CONTACTED AT ANY TIME, DAY OR NIGHT, WHO ARE AUTHORIZED TO RESPOND TO AN ALARM SIGNAL AND WHO CAN OPEN THE SYSTEM. PLEASE PROVIDE AT LEAST TWO NAMES.

NAME:_____ PHONE NUMBER:_____

NAME:_____ PHONE NUMBER:_____

NAME:_____ PHONE NUMBER:_____

SIGNATURE OF APPLICANT

DATE

MAKE YOUR CHECK PAYABLE TO: **CITY OF ELMHURST**
MAIL APPLICATION TO: **CITY CLERK 209 N. YORK ELMHURST, IL 60126**

FOR OFFICE USE ONLY

DATE RECEIVED: _____ POLICE____ FIRE____ PERMIT EXPIRES:_____

MAILED TO APPLICANT: _____ APPLICANT RECEIPT _____