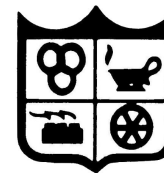




Village of Alsip

*Alarm Users License Application
For Burglar and Hold Up / Panic Alarms*



Resident or Business Name _____

Address of Alarmed Premise _____

Apartment / Unit / Condo Number _____

Telephone Number _____

Fax Number _____

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Where is Alarm Located ? :

House Condo Apartment Commercial Institutional

Is the Alarm Equipped with a Hold Up / Panic Feature ?

Yes No

Type of Alarm System *(Check all that Apply)*

- Direct Wire to the Alsip Police Department
- Central Receiving Station
- Outside Ringer
- Inside Ringer

NOTE :
Voice Tape Direct Dialers
Are **NOT** Permitted.

Contact Person the Alsip Police Department should mail false alarm notices to, or contact if there is a problem with the alarm :

Name _____

Business Phone _____

()

Extension _____

Name of Alarm System Service Company _____

Telephone Number _____

()

Persons to be Contacted if There is a Problem when the premise is Vacant :

(These persons should have a key to the premise and know how to reset or deactivate the alarm).

	Name	Telephone Number	Pager / Cellular Number
1.)			
2.)			
3.)			

Additional contact names and numbers can be written on the back of this form.

Name (Printed) _____

Date _____

Signature _____

Date Received _____

Date Approved / Denied _____

Fee : _____

File Number