

Village of Hazel Crest
Department of Building & Inspectional Services
3000 West 170th Place
Hazel Crest, Illinois 60429-1706
(708)335-9600 ext: 700

PERMIT NO.	_____
RECEIPT NO.	_____
AMOUNT	_____
APPROVED	_____
DATE	_____

ALARM PERMIT APPLICATION

NEW ALARM SYSTEM

RENEWAL OF PERMIT

PLEASE TYPE OR PRINT CLEARLY

ADDRESS WHERE ALARM IS LOCATED _____

NAME _____ OR PROPERTY OWNER NAME _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

TYPE OF ALARM HOLD UP PANIC FIRE DETECTION
 BURGLAR WATER FLOW _____

LOCATION ALARM IS MONITORED CENTRAL STATION HAZEL CREST COMMUNICATIONS CENTER
 PREMISES ONLY

IF CENTRAL STATION: NAME _____ PHONE (_____) _____
ADDRESS _____

LIST OF KEYHOLDERS AND /OR EMERGENCY CONTACT PERSONS:

1. NAME _____ WORK PHONE (_____) _____
ADDRESS _____ HOME PHONE (_____) _____
2. NAME _____ WORK PHONE (_____) _____
ADDRESS _____ HOME PHONE (_____) _____
3. NAME _____ WORK PHONE (_____) _____
ADDRESS _____ HOME PHONE (_____) _____

CONTENTS OF BUILDING INCLUDING ANIMALS WHICH COULD BE HAZARD TO POLICE/FIRE PERSONNEL _____

INFORMATION POLICE/FIRE PERSONNEL SHOULD BE AWARE OF _____

ALL OF THE INFORMATION CONTAINED HERE IS TRUE AND CORRECT. I AGREE TO COMPLY WITH THE ALARM ORDINANCE AND UNDERSTAND THE PERMIT EXPIRES ON APRIL 30TH OF EACH YEAR.

SIGNATURE _____ DATE _____

APPROVALS: POLICE _____ DATE _____