

# VILLAGE OF ITASCA

PERMIT # \_\_\_\_\_ - \_\_\_\_\_

540 W IRVING PARK ROAD, ITASCA, ILL. 60143  
 Administrative (630) 773-1004 Fax (630) 773-2734

APPLICATION FOR USER PERMIT  
 RESIDENTIAL AND COMMERCIAL BURGLAR ALARM SYSTEMS

**\*\*\* RETURN THIS DOCUMENT TO THE ITASCA POLICE DEPARTMENT FOR PROCESSING \*\*\***

|   |         |                  |  |
|---|---------|------------------|--|
| <b>COMPANY NAME OR PROPERTY OWNER</b><br>(if residence) |         |                  |  |
| <b>PROTECTED PREMISE ADDRESS AND TELEPHONE NUMBER</b>   | ADDRESS | TELEPHONE NUMBER |  |

|                             |                                     |   |                                    |
|-----------------------------|-------------------------------------|---|------------------------------------|
| <b>LOCATION DESCRIPTION</b> | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> INDUSTRIAL         | <input type="checkbox"/> OFFICE    |
|                             | <input type="checkbox"/> FINANCIAL  | <input type="checkbox"/> PUBLIC INSTITUTION | <input type="checkbox"/> RESIDENCE |

|   |                                  |                                      |                                   |
|---|----------------------------------|--------------------------------------|-----------------------------------|
| <b>TYPE OF ALARM INSTALLED</b><br>( check all that apply) | <input type="checkbox"/> AUDIBLE | <input type="checkbox"/> PERIMETER   | <input type="checkbox"/> INTERIOR |
|   | <input type="checkbox"/> HOLDUP  | <input type="checkbox"/> GLASS BREAK | <input type="checkbox"/> MOTION   |
|   | <input type="checkbox"/> OTHER   | <input type="checkbox"/> DURESS      | <input type="checkbox"/> PANIC    |

|   |  |  |  |
|---|--|--|--|
| <b>NAME OF ALARM INSTALLATION COMPANY</b> |  |  |  |
|---|--|--|--|

|                |                         |           |
|----------------|-------------------------|-----------|
| STREET ADDRESS | CITY / STATE / ZIP CODE | TELEPHONE |
|----------------|-------------------------|-----------|

|   |  |  |  |
|---|--|--|--|
| <b>NAME OF ALARM MONITORING COMPANY</b> |  |  |  |
|---|--|--|--|

|                |                         |           |
|----------------|-------------------------|-----------|
| STREET ADDRESS | CITY / STATE / ZIP CODE | TELEPHONE |
|----------------|-------------------------|-----------|

|  |  |  |  |
|--|--|--|--|
| <b>NAME OF COMPANY SERVICING ALARM</b> |  |  |  |
|--|--|--|--|

|                |                         |           |
|----------------|-------------------------|-----------|
| STREET ADDRESS | CITY / STATE / ZIP CODE | TELEPHONE |
|----------------|-------------------------|-----------|

|   |                 |              |
|---|-----------------|--------------|
| <b>NAME OF PERSON TO WHOM ALL ALARM CORRESPONDENCE SHALL BE DIRECTED</b><br>(NOT THE ALARM COMPANY) | NAME / POSITION | TELEPHONE    |
|   | ADDRESS         | CITY / STATE |

PROVIDE A LIST OF THREE PERSONS, INCLUDING THEIR ADDRESSES AND TELEPHONE NUMBERS, WHO CAN BE CONTACTED (AND WILL RESPOND) TO THE PREMISES IN THE EVENT OF AN EMERGENCY, OR TO RESET OR DEACTIVATE THE ALARM SYSTEM.

|          |                  |  |                   |  |
|----------|------------------|--|-------------------|--|
| <b>1</b> | <b>NAME:</b>     |  |                   |  |
|          | <b>ADDRESS:</b>  |  |                   |  |
|          | <b>TELEPHONE</b> |  | Other Telephone # |  |
| <b>2</b> | <b>NAME:</b>     |  |                   |  |
|          | <b>ADDRESS:</b>  |  |                   |  |
|          | <b>TELEPHONE</b> |  | Other Telephone # |  |
| <b>3</b> | <b>NAME:</b>     |  |                   |  |
|          | <b>ADDRESS:</b>  |  |                   |  |
|          | <b>TELEPHONE</b> |  | Other Telephone # |  |

PERMIT # \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
 PRINTED NAME OF APPLICANT

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

NOTE: IT IS UNLAWFUL FOR ANY ALARM USER TO FAIL TO AMEND ITS ALARM USER PERMIT APPLICATION WITHIN 14 DAYS AFTER ANY OF THE INFORMATION REQUIRED AND CONTAINED THEREIN BECOMES OUTDATED OR INACCURATE.

|                 |                                   |                                  |
|-----------------|-----------------------------------|----------------------------------|
| OFFICE USE ONLY | APPROVED [                      ] | ENTERED [                      ] |
|-----------------|-----------------------------------|----------------------------------|