Alarm Permit Application

Print All Information Clearly and Completely.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Alarm: | | Burglary      Hold-Up      Fire      Medical | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | |
| Alarm Site Address: | | | | |  | | | | |  |  | | |  |  |  |  |
|  | | | | | Include Suite or Apt # | | | | |  | City | | |  | State |  | Zip Code |
| Billing Address: | | |  | | | | | | |  |  | | |  |  |  |  |
| If Different than Alarm Site | | | Include Suite or Apt # | | | | | | |  | City | | |  | State |  | Zip Code |
| Permit Holder Name: | | | | |  | | | | |  |  | | | | |  |  |
|  | | | | | Last Name | | | | |  | First Name | | | | |  | Middle Initial |
|  | | |  |  | |  |  |  | Driver’s License: | | |  | |  |  | | |
| (Area Code) Home Phone | | |  | Business Phone | |  | Cell/Pager # |  |  | | | State | |  | Driver’s License Number | | |
| E-Mail Address: | |  | | | | | | | | Alarm Monitoring Company: | | |  | | | | |

**Emergency Contact Information – 2 Required (ResidentialandBusiness):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Name 1: |  | | | | |  |  | | | |  |  |
|  | Last Name | | | | |  | First Name | | | |  | Middle Initial |
| Contact Address: |  | | | | |  |  | |  |  |  |  |
|  | Include Suite or Apt # | | | | |  | City | |  | State |  | Zip Code |
|  | |  |  |  |  | | |  |  |  | | |
| Phone | |  | Cell/Pager # |  |  | | |  |  |  | | |
| Contact Name 2: |  | | | | |  |  | | | |  |  |
|  | Last Name | | | | |  | First Name | | | |  | Middle Initial |
| Contact Address: |  | | | | |  |  | |  |  |  |  |
|  | Include Suite or Apt # | | | | |  | City | |  | State |  | Zip Code |
|  | |  |  |  |  | | |  |  |  | | |
| Phone | |  | Cell/Pager # |  |  | | |  |  |  | | |

**The permit is renewed yearly. It is the responsibility of the permit holder to ensure that the permit is renewed. Cancellation of a permit must be made in writing and submitted to the address or fax number below.**

**I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the City Code 2011-01-0325O, and applicable State laws. I accept responsibility for payment of all fines that may result from the operation of the alarm serving the above alarm site address. If you have any questions, please contact the Oak Forest Police Department at 708-687-1376 or fax at 708-687-6218.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Date** |  | **Signature of Permit Holder** |  |

**For Office Use Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Date Received | Permit # | Expiration Date | Check/Money Order # | Amount Received | Rep. Initial |