

# CITY OF PROSPECT HEIGHTS

## APPLICATION FOR RESIDENTIAL / BUSINESS ALARM LICENSE

In accordance with City Ordinance 0-99-21, all alarm systems operating within the City of Prospect Heights must be registered with the Prospect Heights Police Department.

- The initial alarm registration fee is \$50 with an annual renewal fee of \$40 every year thereafter.
- To avoid additional alarm response charges and the expenditure of public funds by diverting emergency equipment and personnel, we ask that you assist us by maintaining your alarm system to prevent false alarms.
- If you have incurred any chargeable alarm fees during the calendar year, you will receive a separate invoice later this year.
- If you have any questions, call **847-398-6070 Ext. 203** Monday through Friday between 8:30 a.m. and 4:30 p.m.

Complete this form and mail, drop off, or come in person along with your payment to  
**City Hall, 8 N. Elmhurst Road, Prospect Heights, IL 60070**

Fee Class	Description	Until	
		March 31	April 1
IA	Initial Alarm Registration License	\$50.00	
RA	Annual Alarm Renewal	\$40.00	\$80.00



<b>Firm Name</b>		<b>Type of Business</b>	
<b>Address</b>		<b>City, State, Zip Code</b>	
<b>Telephone #</b>		<b>Cell #</b>	
<b>E-mail Address</b>			
<b>Applicant Name</b>		<b>Telephone #</b>	
<b>Applicant Address</b>		<b>City, State, Zip Code</b>	
<b>E-mail Address</b>			
<b>Alarm Company Name</b>		<b>Telephone #</b>	
<b>Alarm Company Address</b>		<b>City, State, Zip Code</b>	

Type of Alarm:     Silent     Outside Ringer     Fire     Other \_\_\_\_\_

EMERGENCY NOTIFICATION INFORMATION			
1.	Name	Telephone #	
	Address	City, State, Zip Code	
2.	Name	Telephone #	
	Address	City, State, Zip Code	

PERSONS RESPONSIBLE FOR ALARM DEACTIVATION OTHER THAN EMERGENCIES LISTED ABOVE, I.E., ALARM COMPANY RUNNER, SECURITY GUARD SERVICE, ETC.:			
1.	Name	Telephone #	
	Address	City, State, Zip Code	
2.	Name	Telephone #	
	Address	City, State, Zip Code	

**I hereby certify that to the best of my knowledge the above information is correct.**

<b>Date</b>		<b>Signature</b>	
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FOR OFFICE USE ONLY

Date _____	Cash or Check # _____	Staff Initials _____	Total Paid _____
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FOR OFFICE USE ONLY

**CITY OF PROSPECT HEIGHTS, 8 N. ELMHURST ROAD, PROSPECT HEIGHTS, IL 60070**  
**RESIDENTIAL / BUSINESS ALARM LICENSE**

Date _____	Cash or Check # _____	Staff Initials _____	Total Paid _____
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