



CITY OF DES PLAINES
 1420 Miner St Room 301
 Des Plaines, IL 60016
 (847) 391-5366

Dear Alarm System Subscriber:

Please be advised that the City of Des Plaines has provisions in the City Code (4-9A-2) regarding alarm system registration and false alarm charges. These provisions apply to both homeowners and businesses.

REGISTRATION FEES

The following are the annual registration fees:

Directly connected to municipal fire alarm panel	\$ 125.00
Directly connected to municipal burglar alarm panel	\$ 125.00
Local Alarm (siren)	\$ 10.00
Central station connection with a private alarm company	\$ 10.00

Also, "Automatic Dialers" are prohibited from being connected to the City's Emergency Communication Panel.

FALSE ALARM FEES

False alarm charges, per occurrence, per calendar year or six month period, are as follows:

<u>FIRE (PER YEAR)</u>		<u>POLICE (PER SIX MONTHS)</u>	
0-2	-0-	0-2	-0-
3-5	\$ 110.00	3-5	\$ 110.00
6-7	\$ 220.00	6-7	\$ 220.00
8 +	\$ 550.00	8 +	\$ 550.00

Please be advised, annual registration fees and false alarm charges are subject to a penalty of the amount billed. If payment is not received within 30 days of billing, a 25% penalty shall be added. If payment is not received within 60 days of billing, a 100% late penalty will be assessed.

For your convenience, we have enclosed a registration form that must be completed and returned with your payment to the City of Des Plaines, CED Department.

If you have any questions, you may contact the CED Department at 847-391-5366.

Thank you.



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Dear Alarm System Subscriber:

Be advised that should your fire alarm system activate and the homeowner/subscriber is not home, **the Fire Department will enter your home.**

There is a low incidence of false alarms with properly installed and maintained fire alarm systems and when called, the Fire Department must assume that emergency action is needed. While the Fire Department will do all it can to minimize any damage, your residence is still likely to sustain some damage from forcible entry. You may want to install a '**KEY BOX**' for Fire Department use to eliminate forced entry damage. Information on key box availability and installation can be obtained by calling the Fire Prevention Bureau at 847-391-5340.

To minimize any damage and to prevent false alarms, it is important to keep your system maintained in good working condition. Regular service is recommended. If you develop unwarranted or false alarms, please contact your fire alarm system provider and discuss alternate fire detection arrangements. Your fire alarm system provider can suggest solutions to unnecessary alarms and still maintain a high level of fire protection.

Pursuant to City Code 4-9A-9, the City of Des Plaines will charge a fee for each occurrence over two within a six-month period or per calendar year. It is the applicant/homeowner's responsibility to submit payment for such fees.

Please understand the Fire Department is obligated to thoroughly investigate any and all alarms.

Thank you,

City of Des Plaines Fire Department
405 S River Rd
Des Plaines, IL 60016
847-391-5350



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ALARM SYSTEM REGISTRATION APPLICATION

A. TYPE (check one):

- ___ Police Municipal Receiving Station/Direct Connect (911 Board) - \$125.00
- ___ Fire Municipal Receiving Station/Direct Connect (911 Board) - \$125.00
- ___ **POLICE** or **FIRE** Central Station (connected to a private alarm company) - \$10.00
- ___ Local Alarm (siren) - \$10.00

B. PROPERTY INFORMATION (please print):

Property Address: _____ Zip: 600 _____

Name of Applicant: _____

Phone #s: Day _____ Eve _____ Cell _____

Are you the owner of the property? Yes No If no, please provide the following information for the owner:

Name: _____

Address: _____

City: _____ St _____ Zip _____

Phone #: _____

C. COMPANY INFORMATION (please print):

Name of Alarm Company: _____ Ph #: _____

Alarm Company Address: _____

City: _____ State: _____ Zip: _____

Date of Connection: _____ Key Box Location: _____

D. EMERGENCY CONTACT INFORMATION:

1st Contact Name: _____

Phone #s: Day _____ Eve _____ Cell _____

2nd Contact Name: _____

Phone #s: Day _____ Eve _____ Cell _____

3rd Contact Name: _____

Phone #s: Day _____ Eve _____ Cell _____

E. READ, SIGN & DATE:

It is understood that all fees of hook-up, connection, maintenance, registration and false alarm occurrences set out in the City Ordinance 4-9A, and all other charges shall be the responsibility of the applicant and/or property owner. It is understood that all notices the applicant and/or owner is entitled to receive shall be deemed given, if mailed to the applicant and/or owner by regular mail at the address(es) listed on Property Information above.

Signature of Applicant
and/or Property Owner: _____ Date: _____