

**VILLAGE OF CARPENTERSVILLE
DEPARTMENT OF POLICE**

_____ Burglar Alarm Permit Application _____ Fire Alarm Permit Application

Alarms User's Name: _____

Address: _____

Phone Number: _____ Work Number: _____

Business Address: _____

Name and Address of Person to be Contacted: _____

Alarm signal received at: _____ Central Station _____ Police Station _____ Local Alarm

Name of Alarm Company: _____

Address of Alarm Company: _____

Provide names and phone numbers of people able to respond to your location and reset or deactivate your alarm:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Please list below person's authorized access to the business during non-business hours. Write out the procedure to be followed in the event of an alarm on the back of this form.

If you have any questions please call the Carpentersville Police Department at 847/551-3481. Please return completed application with the \$20.00 permit fee to the Carpentersville Police Department.

Signature: _____ Date: _____

Permit Number: _____	(For Official Use Only)
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