

**VILLAGE OF NORTHFIELD**  
**ALARM USER'S PERMIT APPLICATION YEAR(S): \_\_\_\_\_**

<b>ALARM USER'S NAME</b>	<b>STREET ADDRESS</b>
<b>SPOUSE'S NAME</b>	<b>HOME PHONE NUMBER</b>
<b>MOBILE PHONE NUMBER(S)</b>	<b>WORK PHONE NUMBER</b>

**NAME & ADDRESS OF PERSON TO WHOM CORRESPONDENCE IS TO BE SENT IF OTHER THAN ALARM USER:**

**ALARM TYPE**

Fire  Burglar  Hold-up  Automatic Hold-up  Medic Alarm

**ALARM SIGNAL RECEIVED AT:**

Police Station  Outside Ringer  Central Station

**ALARM COMPANY:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

*All alarm systems must be equipped with a delay mechanism which provides at least 30 seconds prior to activating the alarm.*

**EMERGENCY KEY HOLDER INFORMATION**

Provide names, addresses and phone numbers of people able to respond to your home or business and reset or deactivate your alarm should it activate. Give full names and list in the order you wish them to be called. Please include the area code if different than (847).

Name #1 _____ _____	Phone # 1 _____ _____
Name #2 _____ _____	Phone # 2 _____ _____
Name #3 _____ _____	Phone # 3 _____ _____

I hereby request issuance of an **ALARM PERMIT** in my name for the location given. I further acknowledge receipt of a copy of the **ALARM SYSTEM INFORMATION BROCHURE** and hereby agree to abide and be bound by all provisions contained therein.

\_\_\_\_\_  
**SIGNATURE OF ALARM USER**

\_\_\_\_\_  
**DATE**

**RETURN THE COMPLETED FORM, WITH \$40 FEE TO THE NORTHFIELD POLICE DEPARTMENT, 350 WALNUT AVENUE, NORTHFIELD, IL 60093 or drop off in person at the Police Department.**