

Date of Application: _____

Application Fee: \$50.00
Annual Renewal Fee: \$25.00



VILLAGE OF ROSELLE
31 S. Prospect Street Roselle, IL 60172

ALARM REGISTRATION APPLICATION

Company Name or Property Owner (if residence) _____

Protected Premises:

Address _____ Unit # _____ Phone _____

Premises Information Dogs Chemicals Weapons Other _____

Explain: _____

Location Description

Commercial Residential Other _____

Type of Alarm

Burglar Hold Up Fire Medical

Name of Alarm Installation Company _____

Address _____ City _____ State ____ Zip ____ Phone _____

Name of Alarm Monitoring Company _____

Address _____ City _____ State ____ Zip ____ Phone _____

Name of Company Servicing Alarm _____

Address _____ City _____ State ____ Zip ____ Phone _____

Name of Person to whom all Alarm Correspondence Shall be Directed

Name / Position: _____

Address _____ City _____ State ____ Zip ____ Phone _____

Provide a list of three people who can be contacted and will respond to the premises in the event of an emergency or to reset or deactivate the alarm system.

1. Name _____ Address _____
City _____ State ____ Zip ____ Phone _____ Cell _____
2. Name _____ Address _____
City _____ State ____ Zip ____ Phone _____ Cell _____
3. Name _____ Address _____
City _____ State ____ Zip ____ Phone _____ Cell _____

APPLICANT'S SIGNATURE DATE

OFFICIAL USE

Date Received: _____ Reviewed by: _____

Approved: _____ Disapproved: _____ Permit Number: _____

Provided with a copy of Alarm Ordinance: YES NO Date: ___/___/___