DO NOT FAX-SEND ORIGINAL BACK
PLEASE PRINT OR TYPE

ALARM PERMIT NUMBER
OFFICE USE ONLY_____

GENEVA POLICE DEPARTMENT
ALARM USER PERMIT APPLICATION

GENEVA POLICE DEPARTMENT STRONGLY RECOMMENDS THAT A KEY HOLDER RESPOND WHEN NOTIFIED OF AN ACTIVATED ALARM.

Check One: [ ] RESIDENCE [ ] BUSINESS [ ] FINANCIAL INSTITUTION

1. NAME OF BUSINESS OR RESIDENT: _____
2. ADDRESS OF BUSINESS OR RESIDENT: _____
3. PHONE NUMBER: _____

(Questions 4 –6 to be completed by business/financial establishments only)

4. BILLING CONTACT PERSON: _____
5. BILLING ADDRESS: _____
   CITY_____STATE_____ZIP_____
6. BUSINESS PHONE: _____

7. TYPE OF ALARM **(Check the ones that apply):**
   a.[ ] HOLD UP b.[ ] BURGLARY c.[ ] PANIC BUTTON

8. OUTSIDE AUDIBLE ALARM: YES_____ NO_____
   a. IF "YES," IS THERE A 10-MINUTE RESET: YES_____ NO_____

9. ALARM COMPANY WHO MONITORS ALARM (CENTRAL STATION):
   a. NAME: _____
   b. TELEPHONE NUMBER: _____

10. TWO PEOPLE ABLE TO RESPOND TO AND DEACTIVATE ALARM SYSTEM:
    (TWO PEOPLE OTHER THEN PERSONS LIVING AT RESIDENCE:**)**

    a. NAME, ADDRESS AND TELEPHONE NUMBER: _____
    _____
    b. NAME, ADDRESS AND TELEPHONE NUMBER: _____
    _____

11. ADDITIONAL INFORMATION:_____

_____ _____
APPLICANTS SIGNATURE DATE

****** PLEASE NOTIFY THE GENEVA POLICE DEPARTMENT IMMEDIATELY IF THERE ARE ANY CHANGES ******

GENEVA POLICE DEPARTMENT
20 POLICE PLAZA
GENEVA, IL. 60134
(630) 232-4736