

**DO NOT FAX – SEND ORIGINAL BACK**  
**PLEASE PRINT OR TYPE**

OFFICE USE ONLY:

ALARM PERMIT # \_\_\_\_\_

**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

NAME OF BUSINESS OR RESIDENT: \_\_\_\_\_

ADDRESS OF BUSINESS OR RESIDENT: \_\_\_\_\_ UNIT: \_\_\_\_\_

BUSINESS OR HOME PHONE NUMBER: \_\_\_\_\_ CELL NUMBERS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL NUMBERS: \_\_\_\_\_

OUTSIDE AUDIBLE ALARM:     YES             NO

IF "YES" IS THERE A 10-MINUTE RESET:     YES             NO

TYPE OF ALARM (**Check all that apply**)

HOLD UP

BURGLARY

PANIC BUTTON

ALARM COMPANY WHO MONITORS ALARM-CENTRAL STATION:

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

START / MOVE IN DATE: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**\*\*TWO KEY HOLDERS ABLE TO RESPOND TO DEACTIVATE/RESET ALARM SYSTEM\*\*IF A RESIDENT ADDRESS, IT MUST  
BE TWO PEOPLE NOT LIVING AT RESIDENCE:**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

CITY PERSON LIVES IN: \_\_\_\_\_

CITY PERSON LIVES IN: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

**\*\*\*\*BELOW SECTION MUST BE FILLED OUT BY BUSINESS/FINANCIAL - EVEN IF IT'S SAME AS ABOVE\*\*\*\***

**(\*\*This section must be completed by BUSINESS/FINANCIAL establishments only\*\*)**

**BILLING BUSINESS NAME:** \_\_\_\_\_

**CONTACT NAME / POSITION:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**BUSINESS PHONE NUMBER:** \_\_\_\_\_ **EXT:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**APPLICANT'S 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**

