



**VILLAGE OF GLEN ELLYN
535 DUANE STREET
GLEN ELLYN, ILLINOIS 60137
COMMERCIAL ALARM USERS PERMIT APPLICATION**



Type of Alarm: Burglar Panic/Hold-Up Fire (check all that apply)

BUSINESS NAME:			
ADDRESS:			
PHONE:	FAX:	Other #:	
NORMAL BUSINESS DAYS/HOURS:			
OWNER INFORMATION			
OWNER #1: Name			Email:
Phone(s) Home:	Work:	Cell:	Other:
OWNER #2/MANAGER: Name <small>(Please circle correct title)</small>			Email:
Phone(s) Home:	Work:	Cell:	Other:
CORPORATE INFORMATION (IF APPLICABLE):			
ALARM SYSTEM INFORMATION			
Alarm Service Company:			Telephone:
State License Number:			
Mailing Address:		City, State, Zip	
Alarm Monitoring Company:			Telephone:
Mailing Address:		City, State, Zip	
Type of Alarm System	Burglar: Audible/Silent	Panic: Audible/Silent	Fire: Audible
Date of Alarm Installation:	Does burglar alarm have an automatic reset? Yes () No ()		
Hazards: Please list any hazardous materials, animals, or any other items kept on the premises that may be encountered by police/fire responders. Use reverse side if necessary.			
KEYHOLDER INFORMATION			
<small>Please list, <u>in order of contact preference</u>, all persons who can manage the alarm or who can reach an owner immediately. Keyholders must be able to arrive at location within 45 minutes activation/notification.</small>			
Keyholder Name	Home Phone	Cell Phone	Work/other phone
1.			
2.			
3.			
4.			
There is an annual application fee of \$25.00 per business. The fee must be paid upon submission of this application. Please make checks payable to the Village of Glen Ellyn. Mail to the Glen Ellyn Police Department, Attn: Alarm Permits, 535 Duane Street, Glen Ellyn, IL 60137. If you have any questions, please contact the Police Department at 630-469-1187.			
Applicant Signature _____		Date: _____	
FOR POLICE USE ONLY	NEW _____	RENEWAL _____	CHANGE _____
	PERMIT # _____	DATE ISSUED _____	PAID \$ _____