

PLAINFIELD POLICE DEPARTMENT

APPLICATION FOR RESIDENTIAL BURGLAR ALARM PERMIT

RESIDENT NAME: Last: <input type="checkbox"/>	First:
Address:	Subdivision:
ALARM LOCATION IS: House Townhouse Condo Apartment	

OWNER INFORMATION

OWNER #1: Name			
Phone: Home: ()	Work: ()	Cell: ()	Page: ()
OWNER #2 Name			
Phone: Home: ()	Work: ()	Cell: ()	Page: ()
Is Resident Alarm Subscriber over 65 years of age? (Exempt from permit fee)			YES NO
If yes, Date of Birth:			
Is resident Alarm Subscriber disabled? (Exempt from permit fee)			YES NO Attach Documentation

ALARM SYSTEM INFORMATION

Name of Alarm Servicing Company:	Phone:
IL Burglar Alarm License #:	
Mailing Address:	
City, State, Zip:	
Name of Alarm Monitoring Company:	Phone:
IL Burglar Alarm License #:	
Mailing Address:	
City State Zip:	
Type of Alarm System: BURGLAR Audible/Silent PANIC Audible/Silent	
Date of Alarm Installation:	
Hazards: Please list any animals, hazardous materials, or any other items that are stored on the premises, which may be encountered by a police/fire response to the premises. If necessary, use other side.	

KEYHOLDER INFORMATION

List all persons who have the ability to control the alarm system in the order they should be contacted. Provide one or more contact telephone numbers for each of your keyholders. You may use cellular or pager numbers. Keyholders should be able to arrive at alarm location within 30 minutes.

Keyholder Name	Home #	Work #	Cell #

There is an application fee of \$10.00 per residence. The fee must be paid upon submission of this application. Please make checks payable to the Village of Plainfield, and mail with completed application to: Plainfield Police Department, Attn: Licensing Coordinator, 14300 S. Coil Plus Drive, Plainfield, IL 60544-7704. If you have any further questions, please contact the Plainfield Police Department, Monday – Friday, 8:00 a.m. – 8:00 p.m., Saturday from 8:00 am. – Noon at (815) 436-6544 or you may reach us online at www.plainfield-il.org.

RESIDENT SIGNATURE: _____ DATE: _____

FOR POLICE USE ONLY	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> CHANGE PERMIT NO. _____
	DATE ISSUED: _____ PAID: _____