DEERFIELD POLICE DEPARTMENT

Alarm Permit Reinstatement Application

In order to provide the best possible service to you in the case of an emergency, it is imperative that we have current emergency information. All of the following information in required by Ordinance 7-77.10(b)

Please complete the following form and return as soon as possible along with your check in the amount of $25.00 for reinstatement fee made payable to the Village of Deerfield.

Please return to the following address:

Deerfield Police Department
Attention: Records Section
850 Waukegan Road
Deerfield, Illinois 60015

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PLEASE PRINT CLEARLY

DATE _____

NAME _____

CURRENT ADDRESS _____

HOME PHONE ( ) _____ - _____

WORK PHONE ( ) _____ - _____

CELL PHONE ( ) _____ - _____

____ I NO LONGER HAVE AN ALARM SYSTEM

NAME OF YOUR ALARM COMPANY _____

ADDRESS _____

CITY – STATE - ZIP _____

PHONE NUMBER ( ) _____ - _____

TYPE OF ALARM **(CHECK ONLY ONE)**

_____ LOCAL ONLY (BELL, HORN SIREN, ETC. NO OFF PREMISE CONNECTION)

_____ DIRECT CONNECT TO POLICE DEPARTMENT ALARM PANEL

_____ CENTRAL STATION MONITOR

CENTRAL STATION MONITOR NAME _____

PHONE ( ) _____ - _____

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Please list in the order you would like us to contact. AT LEAST ONE KEYHOLDER MUST BE LISTED. A keyholder must be a person that can be reached at any time day or night and knows how to operate your alarm system.

KEYHOLDER #1

NAME _____

ADDRESS _____

CITY – STATE - ZIP _____

HOME PHONE ( ) _____ - _____

CELL PHONE ( ) _____ - _____

KEYHOLDER #2

NAME _____

ADDRESS _____

CITY – STATE - ZIP _____

HOME PHONE ( ) _____ - _____

CELL PHONE ( ) _____ - _____

KEYHOLDER #3

NAME _____

ADDRESS _____

CITY – STATE - ZIP _____

HOME PHONE ( ) _____ - _____

CELL PHONE ( ) _____ - _____