



BURGLAR ALARM PERMIT UPDATE APPLICATION

Dear Alarm User,

Our records indicate that you have an alarm system at your location. 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. Please complete the following form and return as soon as possible. *All of the following information is required by Ordinance 7-77.10(b)*

Please mail or fax to following address:

Deerfield Police Department
Attn: Records Section
850 Waukegan Road
Deerfield, IL 60015
FAX #: 847.945.5080

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE #: _____

CELL PHONE #: _____

WORK PHONE #: _____

I NO LONGER HAVE AN ALARM SYSTEM

NAME OF YOUR ALARM COMPANY: _____

ADDRESS: _____

City State Zip Code

PHONE #: _____

TYPE OF ALARM (SELECT 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 Code

HOME PHONE #: _____

CELL PHONE #: _____

POSITION: _____

KEYHOLDER #2

NAME: _____

ADDRESS: _____

City State Zip Code

HOME PHONE #: _____

CELL PHONE #: _____

POSITION: _____

KEYHOLDER #3

NAME: _____

ADDRESS: _____

City State Zip Code

HOME PHONE #: _____

CELL PHONE #: _____

POSITION: _____