

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 is required by Ordinance 7-77.10(b)

Please complete the following forms and return as soon as possible attached with your check in the amount of \$25.00 made payable to the Village of Deerfield.

Please return to the following address: Deerfield Police Department
Attn: Records Section
850 Waukegan Road
Deerfield, Illinois 60015

PLEASE PRINT CLEARLY

DATE _____

NAME OF BUSINESS _____

ADDRESS _____

SUITE / UNIT _____

BUSINESS PHONE () _____ - _____

BILLING NAME _____

BILLING ADDRESS _____

SUITE / UNIT _____

CITY, STATE, ZIP _____

BILLING 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 () _____ - _____

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 () _____ - _____

POSTION _____

KEYHOLDER #2

NAME _____

ADDRESS _____

CITY – STATE - ZIP _____

HOME PHONE () _____ - _____

CELL PHONE () _____ - _____

POSITION _____

KEYHOLDER #3

NAME _____

ADDRESS _____

CITY – STATE - ZIP _____

HOME PHONE () _____ - _____

CELL PHONE () _____ - _____

POSITION _____