



ALARM USER PERMIT APPLICATION

**Send Completed Application and \$25.00 fee to: Palatine Police Department
Crime Prevention Unit
595 N. Hicks Rd.
Palatine, IL 60067**

CHECK ONE: [] Residence [] Business **(Questions 1- 3 for business applications only)**

1. Business Name: _____

2. Business Address: _____ Zip Code _____

3. Business Telephone Number: _____

4. Full Name of Applicant: _____

Last	First	Middle Initial
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5. Applicant Home Address: _____ Zip Code _____

6. Applicant Home Phone Number: _____

7. Alarm Company who maintains alarm system: _____

a. Address: _____

b. City/State/Zip: _____ Telephone: _____

8. Alarm Company who monitors alarm (Central Station): _____

a. Address: _____

b. City/State/Zip: _____ Telephone: _____

9. Owner's work or cell number or people to contact when owner not present. (Optional)

1. NAME _____ TELEPHONE _____

2. NAME _____ TELEPHONE _____

3. NAME _____ TELEPHONE _____

Applicant Signature

Date

[DO NOT WRITE BELOW THIS LINE - FOR POLICE USE ONLY]

DATE RECEIVED:

PERMIT NUMBER _____

DATE ISSUED _____