



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
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 _____