



# ALARM USER PERMIT APPLICATION

## *UPDATE INFORMATION*

Send Completed Application To: Palatine Police Department  
Attn: **Crime Prevention Unit**  
595 N. Hicks Rd. Palatine, IL 60067  
or via facsimile to (847) 359-9021

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. Telephone Number: \_\_\_\_\_
8. Alarm Company who monitors alarm (Central Station): \_\_\_\_\_
  - a. Address: \_\_\_\_\_
  - b. Telephone Number: \_\_\_\_\_
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

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Date

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

DATE RECEIVED:

PERMIT NUMBER \_\_\_\_\_

DATE ISSUED