



**POLICE DEPARTMENT**

200 South Lincolnway  
North Aurora, Illinois 60542  
Phone: (630) 897-8705 Fax: (630) 897-8700  
www.northaurora.org

**DAVID C. FISHER**  
CHIEF OF POLICE

**RESIDENTIAL ALARM PERMIT APPLICATION**

**Alarm Type** (check all that apply)  
 Burglar    Duress    Hold-Up    Panic    Other  

**Location Information** (list the information for the actual location of the alarm)  
Name  Address   
Home Phone  Work Phone   
e-mail

**Billing Contact Information** (list the person responsible for alarm system and payment of fines/fees)  
Name  Telephone #   
Address  Fax #   
City  State  Zip   
e-mail

**Alarm Servicing Information** (list who performs repairs and maintenance on your alarm)  
Name  Telephone #   
Address  Fax #   
City  State  Zip

**Alarm Monitoring Information** (list who monitors your alarm, who would call the police or fire dept)  
Name  Telephone #   
Address  Fax #   
City  State  Zip

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

- Did the Installing or Servicing Alarm Company provide written guidelines on how to avoid false alarms?    Yes    No
- Did the Installing or Servicing Alarm Company provide training on the proper use of the alarm system?    Yes    No

**Emergency Contact Information** (Please list (2) persons who can be contacted and have full access to your residence/business and full access to your alarm)

**CONTACT #1**

Name	<input type="text"/>	Telephone 1	<input type="text"/>
Address	<input type="text"/>		Telephone 2 <input type="text"/>
City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/> e-mail <input type="text"/>

**CONTACT #2**

Name	<input type="text"/>	Telephone 1	<input type="text"/>
Address	<input type="text"/>		Telephone 2 <input type="text"/>
City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/> e-mail <input type="text"/>

**Provisions**

- All applicable information must be provided
- Incomplete or incorrect information may be cause for denial of this user permit application
- Please type all required information

-Please e-mail the completed application by pressing the e-mail button at the bottom of this application or print then mail the application to:

**North Aurora Police Department**  
**Attn: Alarm Division**  
**200 S. Lincolnway**  
**North Aurora, IL 60542**

By checking the box to the left, I the applicant am indicating that all information provided on this application is true and correct and that I have read and understand the provisions of the application.

Name of Applicant	<input type="text"/>	Date of Application	<input type="text"/>
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**FOR OFFICE USE ONLY**

Registration Number