



POLICE DEPARTMENT

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

Joseph DeLeo
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 send your completed 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

Date of Application

FOR OFFICE USE ONLY

Registration Number