



# EMERGENCY ALARM PERMIT

## APPLICATION

<b>EMERGENCY ALARM</b>
PERMIT # _____
DATE: _____
ISSUED BY: _____
<b>FOR OFFICE USE ONLY</b>

PERMIT # \_\_\_\_\_

**ADDRESS OF ALARM:** \_\_\_\_\_  
BUSINESS NAME (IF ANY): \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_

**OWNER OF PREMISES**  
NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE #: \_\_\_\_\_ MOBILE PHONE #: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**LESSEE OF PREMISES (IF ANY)**  
NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE #: \_\_\_\_\_ MOBILE PHONE #: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

ADDRESS OF ALARM: \_\_\_\_\_

### ALARM INFORMATION

COMPANY NAME: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

LIST PERSONS (KEYHOLDERS) RESPONSIBLE FOR RESETTING THE ALARM OR DEVICE, CHECKING THE PREMISES, OR RESPONDING TO NOTICE FROM THE PUBLIC SAFETY DEPT. OF AN ALARM ACTIVATION:

NAME/CITY/PHONE: \_\_\_\_\_  
NAME/CITY/PHONE: \_\_\_\_\_  
NAME/CITY/PHONE: \_\_\_\_\_

### **DESCRIPTION OF ALARM SYSTEM**

<input type="checkbox"/> MOTION SENSOR (LOCATION) _____	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> FIRE / SMOKE SENSOR(S)	<input type="checkbox"/> DOOR / WINDOW SENSOR(S)	<input type="checkbox"/> MEDICAL

# **EMERGENCY ALARM PERMIT APPLICATION**

The holder(s) of an Emergency Alarm Permit shall notify the Oak Park Department of Public Safety immediately of any changes to the information provided in the application for the permit. This includes a change of contact information, alarm companies/providers, and/or alarm system modifications.

## **The Emergency Alarm Permit is Non-Transferrable.**

“OWNER AND LESSEE, IF APPLICABLE, HAVE BEEN PROVIDED A COPY OF THE EMERGENCY ALARM SYSTEM ORDINANCE; UNDERSTANDING THE PROVISIONS OF THIS ORDINANCE AND THEIR DUTIES AND LIABILITIES UNDER THE ORDINANCE. IF APPLICABLE, THEY CONSENT TO THE OAK PARK DEPARTMENT OF PUBLIC SAFETY DISABLING OR DISCONNECTING A LOCAL ALARM UNDER CIRCUMSTANCES DESCRIBED IN SECTION 34-105 OF THE EMERGENCY ALARM PERMIT ORDINANCE.”

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**Signature of Property Owner**

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**Signature of Lessee**

## **NOTICE TO THE PROPERTY OWNER:**

IF YOU WISH TO RECEIVE A COPY OF ANY FALSE ALARM NOTICES AND/OR ANY FALSE ALARM BILLING STATEMENTS THAT THIS PROPERTY HAS INCURRED, PLEASE SIGN HERE:

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**Signature of Property Owner**