



ST. CHARLES POLICE DEPARTMENT

ALARM USER PERMIT APPLICATION

PLEASE PRINT OR TYPE

CHECK ONE: RESIDENCE BUSINESS FINANCIAL INSTITUTION

(QUESTIONS 1 -3 TO BE COMPLETED BY BUSINESS/FINANCIAL ESTABLISHMENTS ONLY.)

1. BUSINESS NAME:

2. BUSINESS ADDRESS:

3. BUSINESS TELEPHONE NUMBER:

4. FULL NAME OF APPLICANT:

5. APPLICANT HOME ADDRESS:

6. APPLICANT HOME PHONE NUMBER: : - -

7. TYPE OF ALARM: HOLD UP BURGLARY PANIC BUTTON

8. OUTSIDE AUDIBLE ALARM? YES NO

9. ALARM COMPANY WHO MONITORS ALARM (CENTRAL STATION)

A. NAME:

B. ADDRESS:

C. TELEPHONE NUMBER: - -

10. PEOPLE ABLE TO RESPOND TO AND DEACTIVATE ALARM SYSTEM:

A. NAME, ADDRESS, AND TELEPHONE NUMBER:

B. NAME, ADDRESS, AND TELEPHONE NUMBER:

C. NAME, ADDRESS, AND TELEPHONE NUMBER:

11. ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE POLICE DEPARTMENT TO BE AWARE OF:

APPLICANT SIGNATURE

DATE

PLEASE NOTIFY THE ST. CHARLES POLICE DEPARTMENT IMMEDIATELY IF THERE ARE ANY CHANGES.

