



ST. CHARLES POLICE DEPARTMENT

ALARM USER PERMIT APPLICATION

Return to St. Charles Police Department via Mail, E-mail or FAX
1515 W. Main St., frontdesk@stcharlesil.gov, Fax: 630.377.1078



PLEASE PRINT OR TYPE	
CHECK ONE: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION	
(QUESTIONS 1 -3 TO BE COMPLETED BY BUSINESS/FINANCIAL ESTABLISHMENTS ONLY.)	
1. BUSINESS NAME:	
2. BUSINESS ADDRESS:	
3. BUSINESS TELEPHONE NUMBER:	4. BUSINESS E-MAIL ADDRESS:
5. FULL NAME OF APPLICANT:	
6. APPLICANT HOME ADDRESS:	
7. APPLICANT HOME PHONE NUMBER: : - -	
8. E-MAIL ADDRESS:	
9. TYPE OF ALARM: <input type="checkbox"/> HOLD UP <input type="checkbox"/> BURGLARY <input type="checkbox"/> PANIC BUTTON	
10. OUTSIDE AUDIBLE ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. ALARM COMPANY WHO MONITORS ALARM (CENTRAL STATION)	
A. NAME:	
B. ADDRESS:	
C. TELEPHONE NUMBER: - -	
12. PEOPLE ABLE TO RESPOND TO AND DEACTIVATE ALARM SYSTEM:	
A. NAME, ADDRESS, E-MAIL, TELEPHONE NUMBER:	
B. NAME, ADDRESS, E-MAIL, TELEPHONE NUMBER:	
C. NAME, ADDRESS, E-MAIL, TELEPHONE NUMBER:	
13. IN THE EVENT OF ANY ALARM ACTIVATION I AUTHORIZE THE ST. CHARLES POLICE DEPARTMENT TO MAKE ENTRY AND CHECK THE PREMISES WHEN SUSPICIOUS CIRCUMSTANCES EXIST	
14. 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.	