VILLAGE OF HAZEL CREST
FIRE DEPARTMENT
3000 W. 170th Place
Hazel Crest, Illinois 60429
Phone: (708) 335-9610

PERMIT NO. ______________
RECEIPT NO. ______________
AMOUNT ______________
APPROVED ______________
DATE ______________

ALARM PERMIT APPLICATION

☐ NEW ALARM SYSTEM ☐ RENEWAL OF PERMIT

PLEASE TYPE OR PRINT CLEARLY

LOCATION OF PREMISES ______________

NAME ______________ OR PROPERTY OWNER NAME ______________

PREMISES PHONE (________) ______________ HOME PHONE (________) ______________

TYPE OF ALARM ☐ HOLD UP ☐ PANIC ☐ FIRE DETECTION
☐ BURGLAR ☐ WATER FLOW ☐ ______________

LOCATION ALARM IS MONITORED ☐ CENTRAL STATION ☐ HAZEL CREST COMMUNICATIONS CENTER
☐ PREMISES ONLY

IF CENTRAL STATION: NAME ______________ PHONE (________) ______________
ADDRESS ______________

LIST OF KEYHOLDERS:

1. NAME ______________ WORK PHONE (________) ______________
ADDRESS ______________ HOME PHONE (________) ______________
2. NAME ______________ WORK PHONE (________) ______________
ADDRESS ______________ HOME PHONE (________) ______________
3. NAME ______________ WORK PHONE (________) ______________
ADDRESS ______________ HOME PHONE (________) ______________

CONTENTS OF BUILDING INCLUDING ANIMALS WHICH COULD BE HAZARD TO POLICE/FIRE PERSONNEL ______________

____

INFORMATION POLICE/FIRE PERSONNEL SHOULD BE AWARE OF ______________

____

ALL OF THE INFORMATION CONTAINED HERE IS TRUE AND CORRECT. I AGREE TO COMPLY WITH THE ALARM ORDINANCE AND UNDERSTAND THE PERMIT MUST BE RENEWED ANNUALLY.

SIGNATURE ______________ DATE ______________

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APPROVALS: POLICE ______________ DATE ______________
PERMIT ISSUED ______________ DENIED ______________