

Date of Application: \_\_\_\_\_

Application Fee: \$50.00  
Annual Renewal Fee: \$25.00

**VILLAGE OF ROSELLE**  
31 S. Prospect Street Roselle, IL 60172



**ALARM REGISTRATION APPLICATION**

Company Name or Property Owner (if residence) \_\_\_\_\_

Protected Premises:

Address \_\_\_\_\_ Unit # \_\_\_\_\_ Phone \_\_\_\_\_

Premises Information    Dogs    Chemicals    Weapons    Other \_\_\_\_\_

Explain: \_\_\_\_\_

Location Description

Commercial    Residential    Other \_\_\_\_\_

Type of Alarm

Burglar    Hold Up    Fire    Medical

Name of Alarm Installation Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Alarm Monitoring Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Company Servicing Alarm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Person to whom all Alarm Correspondence Shall be Directed

Name / Position: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Provide a list of three people who can be contacted and will respond to the premises in the event of an emergency or to reset or deactivate the alarm system.

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**OFFICIAL USE**

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Provided with a copy of Alarm Ordinance: YES NO Date: \_\_\_\_/\_\_\_\_/\_\_\_\_