

**CITY OF ROCHELLE
APPLICATION FOR USER PERMIT
RESIDENTIAL AND COMMERCIAL ALARM SYSTEMS**

*****RETURN THIS DOCUMENT TO THE ROCHELLE POLICE DEPARTMENT FOR PROCESSING*****

COMPANY NAME OR PROPERTY OWNER (if residence)		
PROTECTED PREMISES ADDRESS AND TELEPHONE	ADDRESS	TELEPHONE NUMBER
LOCATION DESCRIPTION	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL
	<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> PUBLIC INSTITUTION
	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RESIDENCE
TYPE OF ALARM INSTALLED (check all that apply)	<input type="checkbox"/> AUDIBLE	<input type="checkbox"/> PERIMETER
	<input type="checkbox"/> HOLDUP	<input type="checkbox"/> GLASS BREAK
	<input type="checkbox"/> OTHER	<input type="checkbox"/> DURESS
	<input type="checkbox"/> INTERIOR	<input type="checkbox"/> MOTION
	<input type="checkbox"/> PANIC	
NAME OF ALARM INSTALLATION COMPANY		
STREET ADDRESS	CITY/ STATE/ ZIP CODE	TELEPHONE
NAME OF ALARM MONITORING COMPANY		
STREET ADDRESS	CITY/ STATE/ ZIP CODE	TELEPHONE
NAME OF ALARM COMPANY SERVICING ALARM		
STREET ADDRESS	CITY/ STATE/ ZIP CODE	TELEPHONE
NAME OF PERSON TO WHOM ALL CORRESPONDENCE SHALL BE DIRECTED	NAME/ POSITION	TELEPHONE
	ADDRESS	CITY/ STATE

PROVIDE A LIST OF THREE PERSONS, INCLUDING THEIR ADDRESSES AND TELEPHONE NUMBERS 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:		
	PHONE:	OTHER TX:	
2	NAME:		
	ADDRESS:		
	PHONE:	OTHER TX:	
3	NAME:		
	ADDRESS:		
	PHONE:	OTHER TX:	

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

NOTE: IT IS UNLAWFUL FOR ANY ALARM USER TO FAIL TO AMEND ITS ALARM USER PERMIT APPLICATION WITHIN 14 DAYS AFTER ANY OF THE INFORMATION REQUIRED AND CONTAINED THEREIN BECOMES OUTDATED OR INACCURATE.

OFFICE USE ONLY	APPROVED [<input type="checkbox"/>]	ENTERED [<input type="checkbox"/>]
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ORIGINAL DOCUMENT

THIS FORM MUST BE COMPLETED AND ACCOMPANY YOUR CHECK