

**BANNOCKBURN POLICE DEPARTMENT  
ALARM APPLICATION**

Please complete and return the attached data sheet, with the required \$25.00 APPLICATION FEE, so that the Department will have the latest information and provide the best service to you. All alarm systems must comply with the specifications dictated in the Ordinance 9-901 et sequitur. A copy of the Ordinance is available by contacting the Police Department. *Please note that telephone dialer alarms that dial the Police Department and announce an alarm with a voice message **are prohibited.***

The Alarm ordinance mandates that all alarms be billed. The billing schedule is as follows.

<u>Number Of False Alarms</u>	<u>Cost Per Alarm Response</u>
1 - 3	No Charge
4 - 6	\$25.00
7 - 9	\$50.00
10 - 12	\$75.00
13 or more	\$100.00
3 or more <b>Trouble</b> Alarms	\$10.00

Alarm charges are calculated on a calendar year basis.

Should you have any questions or need additional information, please contact the Bannockburn Police Department at (847) 945-8490.

**COMMERCIAL USERS BURGLAR ALARM USER SYSTEM INFORMATION**

Registrant Business Name\* .....

\*As Shown on Business License

Alarm Address .....

Billing Address .....

Please furnish both:

• 24-Hour Phone .....

• Business Phone .....

*Please provide the following information about your alarm system.*

**TYPE OF ALARM** (Check only one)

Local Only (bell, horn, siren, etc. with **NO** off premise connection)

Direct Connect to Police Department Alarm Panel

Central Station Monitor: Contact Phone ( \_\_\_\_ ) .....

Central Station Name .....

**ALARM COMPANY INSTALLING / SERVICING THIS SYSTEM**

Name .....

Address .....

City ..... State ..... Zip .....

Business Telephone(s) .....

**Date Alarm Installed and Activated** .....

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Do you have a maintenance contract? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is a minimum thirty-second delay mechanism installed for ingress and egress doorways? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does you alarm system consist, in whole or in part, of a direct dialer or other device that automatically selects a telephone trunk line at the Police Department? .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your alarm system equipped with a battery pack back-up power supply or other alternative source of back-up power capable of sustaining the operation of the system for a minimum of six (6) hours? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does you alarm system consist of an outside ringer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to "5" is YES, answer the following two questions.

- 6. Is an audible sound emitting from such ringer similar to emergency vehicles or any other audible Village alert system? .....  -----
- 7. Is such outside ringer equipped with an automatic cut-off mechanism that permits deactivation within ten (10) minutes of the initial alarm? .....  -----

**Furnish the management agent(s) or contact person(s) for the indicated address.**

NAME ..... TELEPHONE .....

NAME ..... TELEPHONE .....

**KEY HOLDERS: List the full name and telephone number of persons authorized to respond to and reset the Alarm System located at the registered address above.**

*List at least three (3) persons in the order you would like them contacted if we could not contact the above owner or business agents / contact persons.* Key Holders are those individuals who have the authorized capability to enter the premises and re-set the alarm and determine the state of the business premises.

Indicate whether contact **type** is: Home / Work Telephone {HT / WT}, Cellular{C}, Pager {P}

<b>Contact NAME</b>	<b>↓ Contact TYPE</b>
1 <sup>st</sup> .....	{ } .....
2 <sup>nd</sup> .....	{ } .....
3 <sup>rd</sup> .....	{ } .....
4 <sup>th</sup> .....	{ } .....
5 <sup>th</sup> .....	{ } .....

As the Alarm User(s) at the above stated address, I/We agree to abide by and be bound by the provisions of Village of Bannockburn **Ordinance No. 9-901 et sequitur**, as it may be amended from time to time, including without limitation the payment of service charges pursuant to the provisions of Section Six of such Ordinance. I also acknowledge that the Village is not an insurer and that the Village cannot and does not insure that all Alarm Occurrences communicated from the Subscriber's Alarm System will be received by the Village and, therefore the Village makes no warranty, guarantee, representation or promise that it will respond to any Alarm Occurrence by the Subscriber's Alarm System.

Date of Submittal: \_\_\_\_\_

Made By: {Please Print} \_\_\_\_\_

Signature: \_\_\_\_\_

**MAIL THE COMPLETED APPLICATION AND THE \$25.00 ALARM USER PERMIT FEE TO:**

Bannockburn Police Department  
Attention: Alarm Permit Application  
2275 Telegraph Road  
Bannockburn, Illinois 60015