

**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 false alarms be billed. The billing schedule is as follows.

<u>Number Of Annual Alarms</u>	<u>Cost Per Each False Alarm</u>
1 – 3	No Charge
4 – 6	\$25.00
7 – 9	\$50.00
10 – 12	\$75.00
13 or more	\$100.00

All billing is based on false alarms accrued in a **calendar year**.

RESIDENTIAL BURGLAR ALARM USER SYSTEM INFORMATION

Registrant's Name*

Other Residents' Names

Registrant's Address

Billing Address

Please furnish both:

* Registrant's Home or 24-Hour Phone

* Registrant's Work {Business} Phone.....

Are there any pets that may need attention in an emergency?

Any Special Conditions that should be known?

.....

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 (30) second delay mechanism installed for ingress and egress doorways?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your 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"/> |

[PERMIT N^o BNNN]

5. Does you alarm system consist of an outside ringer? -----

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? -----

For all residential installations, furnish a daytime business telephone number(s) for the owner(s)

NAME TELEPHONE

NAME TELEPHONE

KEYHOLDERS: 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 owners / contact persons.

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

	Contact NAME	↓ TYPE
1 st	{ }
2 nd	{ }
3 rd	{ }
4 th	{ }
5 th	{ }

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