

April

Dear Alarm Permit Holder:

Enclosed you will find an invoice for an annual user permit fee and an application to renew your alarm permit for another year. Per Village Ordinance No. 95-31, Section 1 (7), permits are renewable annually on May 1<sup>st</sup> and expire on April 30<sup>th</sup> of the following year.

Please fill out the application in full (both sides) and return the completed form along with your payment and the invoice enclosed before the due date to avoid a late penalty fee. If paying by check/money order, please indicate invoice number (located on upper right hand corner of invoice) on your check/money order. Renewal user permit fees not paid in full before the due date will be doubled per Ordinance. Your cancelled check will serve as your receipt.

If any information on your application changes during the year, for example, emergency contacts or alarm company, etc., please call the Police Administration office at 708-202-4322 with the changes so we can update our records and keep this information current.

Thank you for your prompt payment and cooperation in complying with the Municipal Code of the Village of Hillside.

Sincerely,

Joseph M. Lukaszek  
Chief of Police

**VILLAGE OF HILLSIDE**  
**APPLICATION FOR ALARM USER PERMIT**

New \_\_\_\_\_ Renewal \_\_\_\_\_ Date \_\_\_\_\_

**ALARM APPLICATION PERMIT FEE(S):**

PERMIT # \_\_\_\_\_

**RESIDENTIAL:**

(\*If New, Permit No. will be assigned. Permit No. for Renewals remains the same as previous year)  
All permits will be valid through **APRIL 30, 20XX.**

Burglar/Fire/Panic.....\$25.00  
**BUSINESS:**  
Burglar/Fire/Panic.....\$50.00

**\*\*Fill out Section I (Residential) or Section II (Business) as applicable and Section III (Reverse Side)\*\***

**PLEASE PRINT LEGIBLY OR TYPE INFORMATION**

**SECTION I (RESIDENTIAL) FOR ALARM SERVICE IN A SINGLE-FAMILY RESIDENTIAL DWELLING**

LAST NAME OF RESIDENT(S) \_\_\_\_\_

(Use same last name as was given to alarm monitoring company if persons residing in home have different last names)

ADDRESS \_\_\_\_\_ CITY Hillside STATE IL ZIP 60162-\_\_\_\_\_

HOME PHONE# (\_\_\_\_\_) \_\_\_\_\_

WORK PHONE # (\_\_\_\_\_) \_\_\_\_\_ EXT \_\_\_\_\_ NAME: \_\_\_\_\_

(If applicable)

(\_\_\_\_\_) \_\_\_\_\_ EXT \_\_\_\_\_ NAME: \_\_\_\_\_

LIST FIRST & LAST NAMES OF PERSONS RESIDING IN HOUSEHOLD: (Use additional sheet, if necessary)

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

**SECTION II (BUSINESS) FOR ALARM SERVICE AT A PLACE OF BUSINESS.**

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUITE/UNIT# \_\_\_\_\_ CITY Hillside STATE IL

ZIP CODE 60162-\_\_\_\_\_ PHONE# (\_\_\_\_\_) \_\_\_\_\_ FAX# (\_\_\_\_\_) \_\_\_\_\_

TYPE OF BUSINESS: (Check one) Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

USUAL BUSINESS HOURS: \_\_\_\_\_

(Include Monday through Friday & Weekend Hours, if applicable)

BUILDING LEASED? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, Please Provide Name, Phone & Address of Building Owner:

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

(If leasing from corporation, list corporation name and contact name)

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

**SECTION III ON REVERSE SIDE MUST BE FILLED OUT**

**SECTION III (RESIDENTIAL & BUSINESS)** *\*\*This section must be filled out by residents & businesses*

**KEYHOLDERS AND/OR EMERGENCY CONTACTS**

(Residents: Please list contacts and phone numbers for persons other than yourself in this section)

#1 - NAME: \_\_\_\_\_ PHN#: (\_\_\_\_\_) \_\_\_\_\_ CELL#: (\_\_\_\_\_) \_\_\_\_\_

#2 - NAME: \_\_\_\_\_ PHN#: (\_\_\_\_\_) \_\_\_\_\_ CELL#: (\_\_\_\_\_) \_\_\_\_\_

#3 - NAME: \_\_\_\_\_ PHN#: (\_\_\_\_\_) \_\_\_\_\_ CELL#: (\_\_\_\_\_) \_\_\_\_\_

**BILL TO INFORMATION**

(For Annual Alarm Permit Billing & False Alarm Charges)

Business or Resident's Name \_\_\_\_\_ ATTN: \_\_\_\_\_

Address \_\_\_\_\_ Suite/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**ALARM TYPE & ALARM COMPANY INFORMATION**

**BURGLAR:** YES \_\_\_ NO \_\_\_ ALARM CO. NAME \_\_\_\_\_ PHN# (\_\_\_\_\_) \_\_\_\_\_

**FIRE:** YES \_\_\_ NO \_\_\_ ALARM CO. NAME \_\_\_\_\_ PHN# (\_\_\_\_\_) \_\_\_\_\_

**HOLD-UP:** YES \_\_\_ NO \_\_\_ ALARM CO. NAME \_\_\_\_\_ PHN# (\_\_\_\_\_) \_\_\_\_\_

**\*DATE ALARM INSTALLED & IN SERVICE:** \_\_\_\_\_

\*(Required for New Permits)

**ALARM MONITORING COMPANY NAME & PHONE NO. IF DIFFERENT THAN COMPANY THAT INSTALLED & SERVICES YOUR ALARM:** \_\_\_\_\_ PHN# (\_\_\_\_\_) \_\_\_\_\_

**ADDITIONAL COMMENTS OR INSTRUCTIONS:** \_\_\_\_\_

**NAME & PHONE NO. OF PERSON PROVIDING ABOVE INFORMATION:** \_\_\_\_\_ PHN# (\_\_\_\_\_) \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Chief of Police

**\*\*PLEASE NOTE:** . For Renewals, your cancelled check will serve as your receipt. All permit numbers will remain the same as the previous year. To request a signed and approved copy, please call the Police Administration office 708-449-8551, Police Records 708-202-4322 or enclose a note with your payment.

REV.11/8C

