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 1st and expire on April 30th 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 # __________________
(*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)

RESIDENTIAL:
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
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.
