



# VILLAGE OF CHANNAHON CHANNAHON POLICE DEPARTMENT

24555 S, Navajo Drive – Channahon, IL 60410  
Administration Office: (815) 467-5152



## ALARM PERMIT APPLICATION

DATE: \_\_\_\_\_  BUSINESS  RESIDENCE

### ALARM LOCATION/OWNERS:

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### BUSINESS HOURS OF OPERATION, if applicable:

MONDAY: \_\_\_\_\_ TUESDAY: \_\_\_\_\_ WEDNESDAY: \_\_\_\_\_ THURSDAY: \_\_\_\_\_

FRIDAY: \_\_\_\_\_ SATURDAY: \_\_\_\_\_ SUNDAY: \_\_\_\_\_

### BUSINESS / RESIDENCE ALTERNATE AFTER-HOUR KEYHOLDER LIST (Called in order listed):

1: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
NAME: HOME PHONE CELL PHONE:

2: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
NAME: HOME PHONE CELL PHONE:

3: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
NAME: HOME PHONE CELL PHONE:

4: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
NAME: HOME PHONE CELL PHONE:

The persons listed above have access to my/our business or residence, are familiar with the alarm system, have current alarm system codes and have my/our permission to act on my/our behalf to mitigate an activated alarm during my/our absence.

\_\_\_\_\_  
HOME/BUSINESS OWNER(S) SIGNATURE:

ALARM SYSTEM DESCRIPTION; MAKE, MODEL AND TYPE OF ALARM DELIVERY (Wireless radio, phone circuit, phone dialer, internet): \_\_\_\_\_

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LIST LOCATION OF THE ALARM CONTREOL PANEL(S) AND SHUTOFF FOR EACH OF THE UTILITIES IN THE BUILDING: \_\_\_\_\_

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DOES THIS ALARM HAVE AN OUTSIDE RINGER OR BELL? \_\_\_\_\_ IF SO, DOES IT HAVE AN AUTOMATIC SHUT OFF? \_\_\_\_\_

LIST ANY POTENTIAL HAZARDS ON THE PREMESIS; SUCH AS DOGS OR HAZARDOUS MATERIALS AND IT'S LOCATION IN THE BUILDING:

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IS THERE ANY SPECIAL PROCEDURES FOR THIS ALARM SYSTEM? \_\_\_\_\_ IF SO, WHAT?

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ALARM INSTALLER / MAINTAINANCE COMPANY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

ALARM MONITORING COMPANY, if applicable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

As the home/business owner, I have received a copy of Channahon Alarm Ordinance No.1643.

Signature(s): \_\_\_\_\_

**OFFICE USE ONLY:**

Date Accepted: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Reason: \_\_\_\_\_