



# 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST LOCATION OF THE ALARM CONTROL PANEL(S) AND SHUT-OFF FOR EACH OF THE UTILITIES IN THE BUILDING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

LIST ANY POTENTIAL HAZARDS ON THE PREMISES; SUCH AS DOGS OR HAZARDOUS MATERIALS AND ITS LOCATION IN OR AROUND THE BUILDING:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

ALARM INSTALLER / MAINTENANCE 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.98.

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

OFFICE USE ONLY:

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

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

Reason \_\_\_\_\_