



ALARM SYSTEM REGISTRATION

Village of Olympia Fields

Check One:

Business (\$50.00)

Residential (\$25.00)

1. Date of Application: _____
2. Alarm Activation Date: _____
3. Name of Business/Resident: _____
4. Address: _____
5. Telephone Number: _____
6. Type of Alarm: Audible Only Automatic Dialer Audible and Dialer
Other _____
7. Alarm Company Name: _____
8. Alarm Company Phone #: _____
9. Alarm Company 24-Hr. Emergency Phone #: _____
10. If **BUSINESS**, contact the following in an emergency:

<u>Name</u>	<u>Phone</u>	<u>Title/Position</u>
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- (1) _____
- (2) _____
- (3) _____

11. If **RESIDENTIAL** and unable to contact owner, contact the following in an emergency in sequence of priority:

<u>Name</u>	<u>Phone</u>
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- (1) _____
- (2) _____
- (3) _____

12. I authorize the OLYMPIA FIELDS POLICE to contact the following emergency board-up service: Name: _____ Phone: _____
(If none known, Police Department will select service at their own discretion)

13. Remarks or Special Instructions: _____

14. Applicant: _____ Phone #: _____

It is the applicant's responsibility to update any information as needed!