



CITY OF COLLINSVILLE POLICE DEPARTMENT
200 WEST CLAY STREET; COLLINSVILLE, ILLINOIS 62234
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Permit Number: _____
 City Use Only

ALARM REGISTRATION PERMIT

As per Section 8.04 "False Alarms and Alarm Registration" of the City of Collinsville's Code of Ordinances, all residential and commercial properties within the jurisdiction of the City installing a new alarm system after July 1, 2004, shall have ten (10) days from the date of installation to obtain an alarm registration permit with the Collinsville Police Department. The permit is intended to encourage improvement in reliability of these systems, devices and services and to ensure that Police and Fire department personnel will not be unduly diverted from responding to actual criminal activity or emergencies as a result of responding to false and nuisance alarms. The chapter specifically applies to "burglar alarms," "robbery alarms," "holdup alarms," "duress alarms," "panic alarms," and "fire alarms" both audible and inaudible. The provisions of this chapter shall not apply to audible alarms affixed to motor vehicles. Please note that new installations in commercial, industrial, and multi-family applications require inspection reports from licensed inspector to be attached to this form.

I. APPLICATION TYPE

Check (v) one:

- Commercial/Industrial/Multi-Family Property Single-Family Residential Property

II. APPLICANT INFORMATION

| | |
|---|-----------------|
| Name of Applicant: | |
| Address with Alarm: <small>(#, street, city, state, zip)</small> | |
| Phone # (Day): | (Night): |
| E-mail: | |
| Business Owner Name & Phone #: <small>(If Applicable)</small> | |
| Business Owner's Address: <small>(If Applicable)</small> | |

III. Emergency Contacts

List below two (2) names of emergency contacts in the event of an incident. Must be thirty (30) minutes response time and access to premises required.

| | |
|--|--|
| Responder #1 Name: <small>(Name, Phone, Address)</small> | |
| Responder #2 Name: <small>(Name, Phone, Address)</small> | |

IV. Alarm Information

| | |
|--|---------------------------|
| Type of Alarm: <small>Burglary, hold-up, panic, duress, fire, etc.</small> | Silent or Audible: |
| Alarm Installation Company: <small>(Name, Phone, Address)</small> | |
| Alarm Company Responsible for Providing Service: <small>(Name, Phone, Address)</small> | |
| Alarm Answering Service – If different than above: <small>(Name, Phone, Address)</small> | |
| Describe any dangerous or special conditions at alarm site: | |