

# CITY OF ROLLING MEADOWS ALARM USER PERMIT APPLICATION

**TYPE:** Residential [ ] Business [ ]                      **STATUS:** New Install [ ] Renewal [ ] Takeover [ ]

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**RESIDENTIAL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

1. IS THE ALARM SYSTEM EQUIPPED WITH "SINGLE BUTTON" DURESS SIGNALING?      YES [ ]      NO [ ]

2. PERSONS DESIGNATED TO RESPOND TO SECURE ALARM ACTIVATIONS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

LATE FEES WILL BE APPLIED WHEN APPLICABLE

DATE RECEIVED: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

FEES PAID:      RESIDENTIAL [ ] \$20      RESIDENTIAL SENIOR [ ] \$10      DURESS [ ] \$10      DURESS SENIOR [ ] \$5      BUSINESS [ ] \$30

Please remit application and all applicable fees to:  
THE CITY OF ROLLING MEADOWS  
3600 KIRCHHOFF ROAD ROLLING MEADOWS, IL 60008