

The Village of South Barrington

Thomas W. Roman
Chief of Police



Phone (847) 381-7511
Fax (847)381-0929

POLICE DEPARTMENT

Alarm Permit # _____ **Exp. Date:** _____

Business _____

Residential _____

South Barrington Police Dept.
30 South Barrington Road
South Barrington, IL 60010
847/381-7511 FAX 847/381-0929
Police@southbarrington.org

Please complete the indicated information below. This information is necessary for your protection and the timely dispatching of Police services.

I apply for an ALARM PERMIT which will expire every two years.

NAME: _____

ADDRESS: _____ PHONE: _____

E-MAIL ADDRESS: _____

FIRE ALARM TYPE: (Check) Fire Detectors _____ Pull Station _____ Sprinkler _____ Monitored _____

POLICE ALARM TYPE: (Check) Holdup/Panic _____ Burglar _____ Monitored _____

ALARM PANEL LOCATION: _____

ALARM COMPANY NAME: _____ PHONE: _____

If necessary, I agree to provide the Police Department with access to the premises protected by the Alarm at all times to investigate emergency calls. Current Keyholders are:

KEYHOLDER1: _____

ADDRESS _____ PHONE: _____

KEYHOLDER 2: _____

ADDRESS: _____ PHONE: _____

KEYHOLDER3: _____

ADDRESS: _____ PHONE: _____

The name and telephone number of the person, or company responsible for the maintenance and repair of the alarm system.

1) _____

The name, address and telephone number of the person or company authorized to deactivate the alarm system when none of the persons named in the above can be reached.

1) _____