

VILLAGE OF SOUTH HOLLAND BUSINESS ALARM PERMIT REGISTRATION

Office Use Only				
Date received:				
Amount:	\$50.00			
Entered By:				
Permit #				

Permit Holder

Business Name:			 	
Contact Name(s) at Business:			 	
Address Where Alarm is Installed:			 	South Holland, IL
Phone Number of Business:	()		
Alternate Number (Cell):	()		

Additional Key Holders

List at least two (2) additional persons that can be reached at any time (day or night) that can open the premises where the alarm is installed.

#1 Name:			
Address:			
Phone:	()		
#2 Name:			
Address:			
Phone:	()		
#3 Name:			
Address:			
Phone:	()		
Alarm Company			Type of Alarm System
Name:	Phor	ne:	Fire □
Address:			Burglar □
City:	State:	Zip:	Medical □
(List any additional alarm companies of	,		(Only one permit required per address)
Signature of Permit Holder:			
		Date	