

## VILLAGE OF SOUTH HOLLAND RESIDENTIAL ALARM PERMIT REGISTRATION

Office Use Only			
Date received:			
Amount:	\$25.00		
Entered By:			
Permit #			

Permit Holder			
Last Name:			
First Name:			
Address Where Alarm is Installed:			South Holland, IL_
Phone Number:	(	)	
Alternate Number (Cell):	(	)	
List at least two (2) additional persons that cowhere the alarm is installed. #1 Name:		litional Key Holders reached at any time (day or nigh	at) that can open the premises
Address:			
Phone:			
I none.	(	)	
#2 Name:			
Address:			
Phone:	(	)	
#3 Name:			
Address:			
Phone:	(	)	
Alarm Company			Type of Alarm System
Name:		Phone:	- Fire □
Address:			$\mathcal{L}$
City: S (List any additional alarm companies on back of this for	tate:_ orm)	Zip:(Or	<ul> <li>Medical □</li> <li>ally one permit required per address)</li> </ul>
Signature of Permit Holder:		(-	
		Date:	
Residential Alarm Permit Registration Fee i Department – 16330 South Park Ave., South checks payable to the Village of South Holla	h Holla	00. Payment must be returned w and, IL 60473. Phone inquiries (	ith this form to the Police 708) 331-3131. Please make