LINCOLNWOOD POLICE DEPARTMENT

*6900 N. Lincoln Avenue, Lincolnwood, IL 60712 (*847) 673-2167

Jason S. Parrott
Chief of Police

June 9, 2026

ALARM PERMIT APPLICATION - WEBSITE FORM

Dear Alarm User:

In accordance with Village Ordinance 5-2-3, all owners of a direct-connect, central station or local alarm system ***must have*** a valid alarm permit form on file annually by July 1st (permits expire June 30th each year). Please refer to the attached Alarm Permit Application for the current Amount Due for your residence/business. ***Please Note - the amount listed is for the current year – outstanding fees/fines may be due if you have failed to renew in previous years.***

If you have canceled your alarm service, please contact Mary at 847-745-4747 to be removed from the list and to avoid additional fees/fines.

The alarm application and full payment must be received before September 1st to avoid a $30.00 late fee**.** ***Failure to submit the application and permit fee may result in the assignment of an administrative hearing date to adjudicate this matter. Failure to appear at the hearing will result in a default judgment and be referred to collections.***

Annual renewal of the alarm permit provides the Police Department with current information in the event of an alarm or other emergency. ***In order to maintain the most up-to-date emergency contact information, please complete the attached form.*** If key holder information changes during the year, please contact the Police Department and update your records.

The Chief of Police shall have the authority to revoke or suspend an alarm permit under the following circumstances:

1. User is in excess of ten (10) false alarms in a calendar year.
2. ***Failure to pay false alarm fees or alarm permit user fees as required.***
3. Failure of an alarm system user to properly maintain their alarm system.
4. Failure by an alarm system user to make arrangements to turn off, reset or inspect an activated alarm within thirty (30) minutes of notification.

The Police Department shall have no obligation to respond to an alarm system for which the alarm permit has been suspended or revoked.

The current fees for false alarms are noted below (Charges are based on alarms received within a calendar year – January 1 – Dec 31)

1st – 3rd False Alarms	No Charge
4th – 6th False Alarms	$ 50.00 each
7th – 9th False Alarms	$ 75.00 each
10th + False Alarm/s	$ 250.00 each

If you have any questions, please contact Mary at (847) 745-4747. Thank you for your continued support and cooperation. Have a nice day.

VILLAGE OF LINCOLNWOOD
ALARM PERMIT APPLICATION – 2026-27

Invoice No: _____

Amount Due 2026-27 Permit Year Only **$25.00**

Please complete the information below, sign & return with your check made payable to the Village of Lincolnwood.

Remit to: Lincolnwood Police Department-Attn: Alarm Permits
6900 N. Lincoln Avenue
Lincolnwood, IL 60712

You may also pay by credit card at the Police Department – Monday thru Friday from 7:00 am – 5:00 pm.

Please Complete Required Application with Updated Information

Address of Alarm _____ Permit No. _____

Resident/Business Name _____

Home/Business Phone _____ Cell Number _____

Type of Structure (Please Check One): ☐ ***Residential*** ☐ ***Commercial*** ☐ ***Condo/Apartment***

Type of Alarm: ☐ ***Burglar*** ☐ **Fire/Smoke** ☐ ***Holdup*** ☐ **Medical** ☐ ***Other*** _____

Type of System – Please check one: ☐ **Direct Wire to PD** ☐ **Central Receiving Station** ☐ **Local Alarm (Outside Ringer)**

Is there a Video Surveillance System on Premise? If so does it cover: ☐ Interior ☐ Exterior

For alarms installed on a <u>Commercial Structure or if Rental Property</u>, please complete the information below:

Name of Owner/Person in Charge _____ (Owner, Manager, etc.) Work Number _____

Address _____ Cell Number _____

ALARM COMPANY INFORMATION

Name _____ Phone Number _____

Address _____ Alt Number _____

I agree to provide the Lincolnwood Police and Fire Departments access to the premises at all times for the purpose of investigating emergency calls when principal parties are not on premises, and provide the emergency contact information for that purpose:

EMERGENCY CONTACT INFORMATION ***(Please contact the Police Department if information changes at any time)***

1. Name _____ Number _____
   City, ST _____ Cell Number _____
2. Name _____ Number _____
   City, ST _____ Cell Number _____
3. Name _____ Number _____
   City, ST _____ Cell Number _____

I agree that the Village of Lincolnwood shall not be liable for any failure of any alarm equipment to operate properly, or any improper installation of alarm equipment, or for any failure or inability to respond to any alarm signal, or for any damages resulting from an attempted or actual unlawful intrusion, or for any damages caused to my property in the course of responding to an alarm signal.

Date _____ **Signature** _____

<u>OFFICE USE ONLY</u>			
Check No.		**Cash**	
Credit Card / On Line		**Date Received/Processed**	