VILLAGE OF NORTHFIELD
ALARM USER'S PERMIT APPLICATION 2026
(PLEASE PRINT CLEARLY)

RESIDENT OR BUSINESS NAME	**ALARM ADDRESS IN NORTHFIELD**
ALARM HOME / BUSINESS TELEPHONE #	**MOBILE AND/OR WORK NUMBERS**
SPOUSE'S NAME	**SPOUSE'S MOBILE AND/OR WORK NUMBERS**

NAME & ADDRESS OF PERSON TO WHOM CORRESPONDENCE IS TO BE SENT IF OTHER THAN ALARM USER i.e. BUSINESS OWNER

ALARM TYPE

Fire ❒ Burglar ❒ Hold-up ❒ Automatic Hold-up ❒ Medic Alarm ❒

ALARM SIGNAL RECEIVED AT:

Outside Ringer ❒ Central Station ❒ Other ❒

ALARM COMPANY: _____

PHONE NUMBER: _____

All alarm systems must be equipped with a delay mechanism which provides at least 30 seconds prior to alarm activation. **Notify your alarm company that all BURGLAR ALARMS must be called into 847-724-4010, and that all FIRE ALARMS must be called in to RED Center at 847-272-2121.**

EMERGENCY KEY HOLDER INFORMATION

Provide names, addresses and phone numbers of people able to respond to your home or business and reset or deactivate your alarm should it activate. Give full names and list in the order you wish them to be called. Please include the area code if different than (847).

Name #1	_____	**Phone # s**	_____
Address	_____		_____
Name #2	_____	**Phone # s**	_____
Address	_____		_____
Name #3	_____	**Phone # s**	_____
Address	_____		_____

I hereby request issuance of an ALARM PERMIT in my name for the location given. I further acknowledge receipt of a copy of the ALARM SYSTEM INFORMATION LETTER and hereby agree to abide and be bound by all provisions contained therein.

_____
SIGNATURE OF ALARM USER

_____
DATE

RETURN THE COMPLETED FORM, WITH $20.00 FEE TO THE *NORTHFIELD POLICE DEPARTMENT, 350 WALNUT AVENUE, NORTHFIELD, IL 60093* or drop off in person at the Police Department.