South Barrington Police Department

30 South Barrington Road
South Barrington, Illinois 60010-9500
Phone (847) 381-7511 Fax (847) 381-0929
www.southbarrington.org

Business Alarm Permit #_____

*to be filled out by the South Barrington Police Department

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

*By filling out and submitting this application, I understand that I must apply for an ALARM PERMIT which will expire every other year on December 31st.

BUSINESS NAME: _____

ADDRESS: _____SUITE#: _____

BUSINESS PHONE #: _____

E-MAIL ADDRESS: _____

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

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

ALARM PANEL LOCATION(S): _____

ALARM COMPANY NAME: _____

ALARM COMPANY 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 Authorized Key Holders are:

KEY HOLDER 1: _____

MOBILE #: _____ HOME/OTHER #: _____

KEY HOLDER 2: _____

MOBILE #: _____ HOME/OTHER #: _____

KEY HOLDER 3: _____

MOBILE #: _____ HOME/OTHER #: _____

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) _____