VILLAGE OF INDIAN HEAD PARK ILLINOIS

APPLICATION FOR RESIDENT ALARM REGISTRATION

Applicant Information

Name of Resident: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ **Cell Phone**: ( ) _____

Alarm Company Information

Alarm Company: _____

Alarm Co. Phone: ( ) _____ **Email** : _____

Alarm System Type: **FIRE**: ○ Yes or ○ No **BURGLAR/PANIC**: ○ Yes or ○ No **MEDICAL**: ○ Yes or ○ No

Key Holder Information

1) **NAME/ADDRESS**: _____
Home Phone: (_____) _____ **Cell Phone**: (_____) _____

2) **NAME/ADDRESS**: _____
Home Phone: (_____) _____ **Cell Phone**: (_____) _____

3) **NAME/ADDRESS**: _____
Home Phone: (_____) _____ **Cell Phone**: (_____) _____

****PLEASE NOTE, KEY HOLDERS WILL BE CALLED IN ORDER LISTED****

PLEASE HAVE YOUR KEY HOLDERS KNOW HOW TO OPERATE THE ALARM

Signature of Applicant: _____ Date:____/_____/_____