

VILLAGE OF MORTON GROVE

ALARM USER APPLICATION

ANNUAL FEE \$50.00



TYPE OF ALARM SYSTEM:

Burglar Hold-up All

NAME:
ADDRESS:
CITY / STATE:

PHONE NO. _____

CELL NO. _____

IF NEW ALARM,
DATE INSTALLED: _____

If the information is the same as last year, please check the box, sign and date the application form and return along with your payment to the address shown below. Any changes, please indicate on the form.

EMERGENCY KEY HOLDERS: List the names and telephone number of persons authorized to respond to and reset the alarm system. THREE NAMES ARE PREFERRED.

1. _____ Phone No. _____

2. _____ Phone No. _____

3. _____ Phone No. _____

DO YOU HAVE A MAINTENANCE CONTRACT? YES NO

NAME, ADDRESS AND PHONE NUMBER OF PARTY MAINTAINING THE ALARM SYSTEM:

_____ Phone Number

HOW IS ALARM MONITORED: Central Station Other _____

NAME OF CENTRAL STATION MONITORING ALARM: _____

MINIMUM FIFTEEN (15) SECOND DELAY MECHANISM INSTALLED: YES NO

All alarm systems must have an alarm delay mechanism that follows for at least a fifteen second delay before activation of the alarm.

As the alarm user at the above stated address, I agree to abide by and be bound by the provisions of TITLE 6, CHAPTER 6, SECTION 1-11, of the Municipal Code of the Village of Morton Grove, Illinois.

Signature of Alarm User

Date

Mail to: VILLAGE OF MORTON GROVE
 6101 Capulina Avenue
 Morton Grove, Illinois 60053
 ATTN: FINANCE DEPARTMENT

Make check payable to:

VILLAGE OF MORTON GROVE