



## Alarm Registration

The Village of Oak Park  
Fire Prevention Bureau  
123 Madison St.  
Oak Park, IL 60302

708.358.5628  
708.383.2495 fax  
fire@oak-park.us  
www.oak-park.us

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### PERMIT AGREEMENT

By completing this alarm renewal you, as the alarm user, agree to keep the emergency listing information current with the Village of Oak Park. Any subsequent change, deletion or addition must be provided within 48 hours in writing to the Emergency Alarm Administrator, Village of Oak Park Fire Prevention Bureau, 123 Madison St., Oak Park, Illinois 60302 or fax to 708.383.2495. Checks should be made payable to the Village of Oak Park.

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### ALARM TYPE

Residential - \$25       Commercial - \$50       Government - Fee exempt

Office Use Only: Alarm Permit # \_\_\_\_\_ Cashier Code: 660

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### GENERAL INFORMATION

Resident or Business Name \_\_\_\_\_

Alarm Site Street Address      Suite or Apt. #      City      State      ZIP Code

Alarm Site Phone #      E-mail Address \_\_\_\_\_

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### BILLING/RENEWAL MAILING ADDRESS

Same as above

If different, fill in mailing address below (P.O. Box, seasonal address, property management, etc.)

Name \_\_\_\_\_

Mailing Address      City      State      ZIP Code

E-mail Address \_\_\_\_\_

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### LOCAL CONTACT AND/OR KEY HOLDER INFORMATION

List contact persons below in the order of preferred call sequence. Note: The Oak Park Police have no obligation to telephone any persons or firms, other than those specified herein, and cannot guarantee that anyone contacted on your notification list will respond.

Contact #1 Name      E-mail Address \_\_\_\_\_

Phone #      Alternate Phone #      Alternate Phone # \_\_\_\_\_

Contact #2 Name      E-mail Address \_\_\_\_\_

Phone #      Alternate Phone #      Alternate Phone # \_\_\_\_\_

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Contact #3 Name E-mail Address

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Phone # Alternate Phone # Alternate Phone #

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**ADDITIONAL LOCATION INFORMATION**

**Please list persons with special needs at alarm location.**

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Name Age Gender Condition

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Name Age Gender Condition

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Name Age Gender Condition

**List any hazardous materials stored at alarm location (attach a separate sheet if necessary).**

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Item Location in building/office Quantity MDS Number

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Item Location in building/office Quantity MDS Number

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**ALARM TYPE**

Check all that apply.

Burglar  Fire  Hold-up  Medical  Panic/Trouble  Silent Alarm  Outside Ringer

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**ALARM DETAILS**

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Alarm Company Name Alarm Company Phone Number

Please check appropriate box:  Alarm Monitored  Alarm Unmonitored

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**AUTHORIZATION**

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Signature of Alarm User Date

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Alarm User Phone Number Alarm User E-mail Address