



ALARM USER PERMIT APPLICATION

Address Type: Business Residential

Status: New Installation Renewal

Applicant Information

Business Address: _____

Business Name: _____

Business Contact Name: _____

Business Phone: _____

Business E-Mail: _____

Business Alarms Only—

Is alarm equipped with a single button duress signaling? **Yes** _____ **No** _____

Residential Address: _____

Residential Name: _____

Residential Phone: _____

Residential E-Mail: _____

Persons Designated to Respond to Secure Alarm Activations

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Signature: _____ Date: _____

Please remit completed application, payment, and invoice copy to:

**City of Rolling Meadows
3600 Kirchoff Road
Rolling Meadows, IL 60008**