

**INCORPORATED VILLAGE OF FREEPORT**  
**APPLICATION FOR ALARM PERMIT**

Residential: <input type="checkbox"/>	Multiple Residence: <input type="checkbox"/>	Office: <input type="checkbox"/>	Mercantile: <input type="checkbox"/>	Industrial: <input type="checkbox"/>	Storage: <input type="checkbox"/>
Education Facility: <input type="checkbox"/>	Place of Public Assembly: <input type="checkbox"/>	Institutional: <input type="checkbox"/>			

**Name of Property Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **Secondary #:** \_\_\_\_\_

**Name of Applicant/Occupant:** \_\_\_\_\_

**Business or Trade Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Primary Phone #:** \_\_\_\_\_

**Secondary #** \_\_\_\_\_ **Business #** \_\_\_\_\_

**Closest Intersection:** \_\_\_\_\_

<b>HAZARDOUS MATERIALS:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>LOCATION:</b> _____
<b>SPECIAL INFORMATION:</b> (Guard Dog, Invalids, etc.) _____

**TYPE OF ALARM:**

- Fire (includes carbon monoxide)
- Hazardous Material
- Intrusion

**VIDEO SURVEILLANCE:**

- Recorded
- Live Only

**ALARM CENTRAL STATION INFORMATION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**EMERGENCY CONTACT/KEY HOLDER ADDRESS:** List three (3) persons outside your household/premises

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FEES:**

One year: \$ 50.00  
Three years: \$125.00  
Each additional detection type (sub permit):\$50.00

**RENEWAL FEES:**

One year: \$ 50.00  
Three years: \$125.00  
Each additional detection type sub permit):\$50.00

I have read and agree with the Village of Freeport Code, §72-1 through §72-17, entitled Alarm Systems.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Applicant's Signature

<b>Permit Number:</b>	_____
<b>Date Issued:</b>	_____
<b>Effective Date:</b>	_____
<b>End Date:</b>	_____
<b>Fee Paid</b>	_____