

ANNUAL FEE: \$25.00

PAYABLE TO:

VILLAGE OF MOUNT PROSPECT



TIMOTHY JANOWICK, CHIEF OF POLICE

APPLICATION FOR ALARM LICENSE

PLEASE PRINT OR TYPE

NAME (RESIDENCE/BUSINESS): _____

ALARM LOCATION: _____ PHONE NO: _____

APPLICANT NAME: _____

EMERGENCY NOTIFICATION INFORMATION

1. NAME: _____ CELL NO: _____

WORK NO: _____

HOME NO: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

2. NAME: _____ CELL NO: _____

WORK NO: _____

HOME NO: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

3. NAME: _____ CELL NO: _____

WORK NO: _____

HOME NO: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

I hereby certify to the best of my knowledge the above information is correct.

DATE: _____ SIGNATURE: _____