



APPLICATION FOR ALARM LICENSE
RESIDENTIAL OR COMMERCIAL BUSINESS

Annual Fee: \$25.00 Payable and Mail to: Village of Mount Prospect
Community Development Dept.
50 South Emerson Street
Mount Prospect, IL. 60056

Please check one: Residential Alarm _____ Commercial Business Alarm _____

PLEASE PRINT

Name (Resident or Business): _____
Alarm Location Address: _____ Phone #: _____
Applicant Name: _____

EMERGENCY NOTIFICATION INFORMATION

Primary:

Name: _____
Home #: _____ Cell #: _____ Work #: _____
Address: _____ City/State/Zip: _____

Secondary:

Name: _____
Home #: _____ Cell #: _____ Work #: _____
Address: _____ City/State/Zip: _____

Third:

Name: _____
Home #: _____ Cell #: _____ Work #: _____
Address: _____ City/State/Zip: _____

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

Date: _____ Signature: _____