



APPLICATION FOR ALARM LICENSE - RESIDENTIAL OR COMMERCIAL BUSINESS

Alarm Year: _____ Annual Fee: \$25.00 Payable to: Village of Mount Prospect

Please check one: Residential Alarm _____ Commercial Business Alarm _____

PLEASE PRINT

Name (Resident or Business): _____

Applicant Name: _____

Alarm Location Address: _____ Phone No: _____

EMERGENCY NOTIFICATION INFORMATION

Primary

Name: _____

Cell No: _____ Work No: _____ Home No: _____

Address: _____ City/State/Zip: _____

Secondary

Name: _____

Cell No: _____ Work No: _____ Home No: _____

Address: _____ City/State/Zip: _____

Third

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:** _____