



### BURGLAR ALARM PERMIT REGISTRATION FORM

**Ordinance §91.04 (A)** *No person, firm, or corporation shall be allowed to have a local alarm on or in any building, place, or premises within the municipality without first having obtain an alarm permit.*

TYPE OF ALARM: (Check All That Apply)

- Business**
 **Residential**
 **Owner**
 **Tenant**

RESIDENT OR BUSINESS NAME: \_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_ Number of Occupants \_\_\_\_\_

ADDRESS IN MATTESON: \_\_\_\_\_

TELEPHONE # Of

RESIDENT OR BUSINESS: 1st # ( ) \_\_\_\_\_ 2nd # ( ) \_\_\_\_\_

**REMARKS OR SPECIAL INSTRUCTIONS:** (ADDITIONAL MAILING INFORMATION, i.e. P.O. Box or Home Office Address)

\_\_\_\_\_  
\_\_\_\_\_

Is your alarm information the same as last year? (Please check)  Yes  No

NAME OF ALARM COMPANY: \_\_\_\_\_

Address of Alarm Company: \_\_\_\_\_

Alarm Company Repair Number: \_\_\_\_\_

NAME OF MONITORING COMPANY: \_\_\_\_\_

Monitoring Company Repair Number: \_\_\_\_\_

**List names & numbers of people authorized to respond in case of emergency or alarm activation:**

Is your authorized list the same as last year? (Please check)  Yes  No

3rd Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

4th Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

5th Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

6<sup>th</sup> Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**The Matteson Burglar Alarm ordinance mandates that your alarm be tested or inspected annually.**

**Please test your alarm by phone with your alarm company – or – have an inspection completed, to assure that your alarm is working properly. Once test is completed, please fill out the information below.**

Alarm system Tested/ Inspected by: \_\_\_\_\_ Date of Test/ Inspection: \_\_\_\_\_

**Check correct box:** New Install  - or - Tested by Phone

Signature of person assuring test/inspection was completed: \_\_\_\_\_