



Fiscal Year 20\_\_/20\_\_

PERMIT # \_\_\_\_\_

# BURGLAR ALARM PERMIT REGISTRATION FORM

For Office Use Only:	BATCH # _____
RPO _____	WP _____

**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. **Ordinance §91.99** Any person violating any of the provisions of this chapter shall, on conviction thereof, be subject to a fine of not more than \$750.00 for each offense.

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

OWNER (OR BUSINESS) NAME: \_\_\_\_\_

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

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

TELEPHONE # Of  
RESIDENT OR BUSINESS: 1<sup>st</sup> # ( )      2<sup>nd</sup> # ( )

EMAIL ADDRESS: \_\_\_\_\_

**SPECIAL INVOICE MAILING INSRUCTIONS:** (i.e. P.O. Box or Home Office Address) ---- AND/OR----**OTHER REMARKS**

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 (in order) authorized to respond in case of emergency or alarm activation:**

If your authorized list is the same as last year? (Please circle)    Yes    No (and you do not need to list again.)

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

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

5th 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. \*\*\***

**Circle as applicable:**    New Install - or - Tested by Phone      Date of Test/ Inspection: \_\_\_\_\_

**MUST SIGN HERE**    Signature of person assuring test/inspection was completed: \_\_\_\_\_

I understand that by having an alarm at my business or residence, and in applying for this permit, that there may be times when my alarm is activated and the Matteson Police Department will respond to my address. I further understand that while the Police are on scene, if they find that access can be gained to the inside of my residence or business, I give my permission for the Police to check the inside of my residence or business for the safety and security of my property.

**INITIAL HERE**

Return Registration Form to: Matteson Police Dept., Alarm Administration, 20500 S. Cicero Ave, Matteson, IL 60443  
Payment can only be accepted at the Matteson Police Dept. via check, cash or money order.  
Checks should be made payable to the Village of Matteson. (Please reference the permit number on check.)  
Credit payments will be accepted through E-PAY via the Village of Matteson website @ [www.villageofmatteson.org](http://www.villageofmatteson.org)

**THIS COMPLETED REGISTRATION FORM MUST BE RETURNED TO THE ALARM ADMINISTRATION ANNUALLY!**