NEW, RENEWAL AND REINSTATEMENT FEE
Residential/Business Alarm: $25
Annual Renewal: $25
***After Nov 1 rate $12.50**
**(1/2 year rate is 11/1-1/31)*

VILLAGE OF OAK LAWN ALARM PERMIT

TYPE OF APPLICATION (check one)

☐ **New Alarm – Date of Installation: _____** ☐ **Renewal** ☐ **Update Information (no fee)**

ALARM SITE INFORMATION

_____
Name of Resident or Business Name (DBA) at Alarm location

_____
Street # Street Name Suite/Apt. # Zip Code

Phone _____ Business Phone _____ Alternate Phone _____

Email _____ ☐ **Residence** ☐ **Business** (check one)

If mailing address is different from the alarm location, please notify licensing administrator.

PRIMARY CONTACT (Individual who is locally responsible for responding to alarms and giving access to the alarm site and who is responsible for proper maintenance and operation of the alarm system and payment of fees.)

Primary Contact's Name: _____

Street Address:_____ City, State, Zip Code: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

I have read the completed application and know the same is true and correct and hereby agree that I will comply with all provisions of Municipal Code 3-12-2 of the Village of Oak Lawn and applicable State Laws. I accept responsibility and payment of all fees and fines that may result from the operation of the alarm system servicing the above premises.

Signature _____ Date _____

(If permit holder is not an individual, the signature of the primary contact is required)

SECONDARY CONTACT(S) (Another person who is able to respond to alarms and give access to alarm site):

Last Name First Name Home Phone # Secondary Phone #

NEW ALARM REGISTRATION MUST COMPLETE BELOW:

Name of Alarm Company: _____

Address of Alarm Company:_____

Phone Number of Alarm Company:_____

Alarm installed on (date): _____

Permit No. issued by Village _____

Mail Completed Form, Invoice (if it was provided) & Alarm Fee to:
The Village of Oak Lawn/9446 South Raymond Avenue/Oak Lawn, IL 60453 Attn: Licensing Administrator
(708) 499-7804

OFFICE USE ONLY
Date: _____ Fee Paid: _____ Account/Permit Number: _____