

**VILLAGE OF SUMMIT ALARM REGISTRATION**  
***FEE REQUIRED***

***Directions:***

1. Fill out form completely.
2. Bring form, with appropriate fee, to the Village of Summit Police Department during regular business hours, Monday through Friday, 8:00 am until 4:00 pm.
3. Review *Alarm Registration Information Sheet* for information on ordinances and fees pertaining to alarm systems.

**OWNER'S INFORMATION**

<u>Name</u>	<u>Date of Birth</u>
<u>Address</u>	
<u>Home Phone</u>	<u>Email</u>
<u>Work Phone</u>	

**BUSINESS INFORMATION**

<u>Name</u>
<u>Address</u>
<u>Phone</u>

**ALARM INFORMATION**

*Check all that apply*

- |                                   |                                  |                                       |
|-----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Fire    | <input type="checkbox"/> Holdup       |
| <input type="checkbox"/> Panic    | <input type="checkbox"/> Medical | <input type="checkbox"/> Other: _____ |

**STYLE OF ALARM**

*Check all that apply*

- |                                   |                                       |                                |                                      |
|-----------------------------------|---------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Interior | <input type="checkbox"/> Exterior     | <input type="checkbox"/> Door  | <input type="checkbox"/> Window      |
| <input type="checkbox"/> Motion   | <input type="checkbox"/> Sound        | <input type="checkbox"/> Smoke | <input type="checkbox"/> Temperature |
| <input type="checkbox"/> Infrared | <input type="checkbox"/> Other: _____ |                                |                                      |

**HOW IS ALARM RELAYED TO POLICE/FIRE DEPARTMENTS?**

- |  |  |
|--|--|
| <input type="checkbox"/> Direct via panel alarm                      | <input type="checkbox"/> Direct via phone system                         |
| <input type="checkbox"/> Alarm company monitors then calls via phone | <input type="checkbox"/> No direct relay, just audible or visual at site |

**KEY HOLDER INFORMATION**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**Office Use Only**

Fee \_\_\_\_\_ Date \_\_\_\_\_ Approved by \_\_\_\_\_