



Alarm Permit Application Momence Police Department

Date of Application _____

____ Initial Application (\$10.00 fee applies) ____ Residential ____ Commercial ____ Apartment

____ Information Update (When periodically requested by the Chief of Police – no fee required)

Resident or Business Name _____

Physical Address _____

Telephone(s) Home _____ Work _____

Cell _____ Other _____

**NOTE: YOUR 911 ADDRESS MUST BE POSTED ON THE PROPERTY
PER MOMENCE CITY ORDINANCE**

ALARM MAINTENANCE HISTORY

Date alarm installed _____

Alarm installed by: ____ Owner ____ Licensed Alarm Installer or Business

Licensed Installer or Business Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____

Type of Alarm: ____ Burglary ____ Fire ____ Hold-Up ____ Panic

____ Silent ____ Audible ____ Other (Please describe) _____

**AUDIBLE ALARMS MUST BE PROGRAMMED TO RESET
AFTER NO LONGER THAN 10 MINUTES**

ALARM SYSTEM MONITORING/REPAIR SERVICE

_____ Monitored _____ Not Monitored (Audible system only)

If monitored, please provide the following:

Monitoring Agency Name _____

Street Address _____

City _____ State _____ Zip _____

24-Hour Service Telephone Number (_____) _____ - _____

Repair Service (if different)

Repair Agency Name _____

Street Address _____

City _____ State _____ Zip _____

24-Hour Service Telephone Number (_____) _____ - _____

EMERGENCY CONTACT PERSON(S): In the event an alarm should activate at your location and your alarm monitoring service does not or is unable to contact someone to respond, the Momence Police Department may attempt to contact one of the following:

NOTE: These individuals should be able to respond to your location within 30 minutes and have access, by means of a key or alarm code, to the facility. If we are unable to locate a key holder, the Momence Police Department will not attempt to gain access to an apparently secured facility except in a life-threatening situation.

Emergency Contact # 1 Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Emergency Contact #2 Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Emergency Contact # 3 Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

ALARM PERMIT PROCESSING

Mail or drop off check or money order for \$10.00 payable to the Momence Police Department along with this application form to:

Momence Police Department
123 West River Street
Momence, IL 60954

For questions or assistance with this application, please call:
815/472-2021 (Police Dept. desk)
815/472-2001 (City Hall)

I agree to the terms and conditions of the City of Momence Alarm Ordinance and understand that any violation of this ordinance is punishable by fines, suspension, or revocation of this Alarm System Permit. I also understand that the Momence Police Department has the right to refuse to respond to an alarm site for which the permit has been suspended or revoked.

Signature of alarm owner _____

Printed name of alarm owner _____ Date _____

Office Use Only

Approval Date _____ Permit Number _____

Denial Date _____ Reason _____