



Rock Island Police Department
ALARM SYSTEM PERMIT APPLICATION

(Please print or type this form.)

Timothy J. McCloud
Chief of Police

PERMIT NUMBER: _____ (For Internal Use Only)

Date: _____

ALARM LOCATION INFORMATION

Name of Resident or Business: _____

Address: _____ Phone #: _____

PERSON RESPONSIBLE FOR ALARM SYSTEM

Name: _____ Date of Birth _____

Address: _____ City/State _____

Home Phone: _____ Work/Cell Phone: _____

CONTACT INFORMATION IN THE EVENT OF AN ALARM

1) Name: _____ Phone #: _____

Work Phone #: _____ Cell Phone #: _____

2) Name: _____ Phone #: _____

Work Phone #: _____ Cell Phone #: _____

3) Name: _____ Phone #: _____

Work Phone #: _____ Cell Phone #: _____

ALARM INFORMATION

Alarm Company: _____ Phone #: _____

Type of Alarm System: Burglar Holdup Both

Area Alarmed: Interior Exterior Both

Is alarm system audible? Yes No

Applicant Signature: _____ **Title:** _____

NOTE: A one-time fee of \$60.00 is due with application. Make check or money order payable to the City of Rock Island and mail to the Rock Island Police Dept., 1212 5th Av., Rock Island, IL.

THIS PERMIT IS NONTRANSFERABLE