



Kankakee County Sheriff's Office
 3000 S. Justice Way
 Kankakee, IL 60901
 815-802-7100

ALARM PERMIT APPLICATION

Date of Application: _____

Initial Application (\$10.00 fee applies.): Residential Commercial Apartment
 Information Update: When periodically requested by Sheriff's Office (No Fee Required)

Resident or Business Name: _____

911 Address: _____ **City:** _____

Telephone(s): (Home) _____ **(Work)** _____
(Cellular) _____ **(Other)** _____

NOTE: YOUR 911 ADDRESS MUST BE POSTED ON THE PROPERTY PER KANKAKEE COUNTY ORDINANCE #97-3-11-039.

ALARM MAINTENANCE HISTORY:

Date Alarm Installed: _____

Was the alarm installed by: Owner Licensed Alarm Installer or Business

Licensed Installer or Business Information:

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _(____)_____

Type of Alarm: Burglary Fire Hold Up Panic Silent or Audible
 (Audible alarms must be programmed to reset after no longer than ten (10) minutes.)

Other (Please describe): _____

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 Code:** _____

24-Hour Service Telephone Number: _(____)_____

Repair Service (if different):

Repair Agency Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

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 Sheriff's Police may attempt to contact one of the following:

Emergency Contact #1:

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number(s): (Home) _____ Cellular: _____

Emergency Contact #2:

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number(s): (Home) _____ Cellular: _____

Emergency Contact #3:

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number(s): (Home) _____ Cellular: _____

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 Sheriff's Police will not attempt to gain access to an apparently secured facility except in a life-threatening situation.

ALARM PERMIT PROCESSING

Mail Check or Money Order for \$10.00 payable to Kankakee County Sheriff's Police along with this application form to:

**Kankakee County Sheriff's Police
Community Services Office
3000 South Justice Way
Kankakee, IL 60901**

Should you have any questions when completing this application, please telephone (815) 802-7144 or (815) 802-7145 for assistance.

I agree to the terms and conditions of the Kankakee County False Alarm Ordinance (97-3-11-039) and understand that any violations of this Ordinance are punishable by fines, suspension or revocation of this Alarm System Permit. I also understand the Sheriff 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: _____