



City of Rockford - Finance Department - Revenue
1st floor, City Hall, 425 E. State Street, Rockford, IL
815-967-6753

ALARM USER PERMIT APPLICATION

- Residential
Commercial

For Internal Use Only
Customer No.:
Permit Number:
Expiration Date:

The undersigned hereby makes application for the issuance of a city alarm user permit and hereby certifies to the following facts:

Name of Applicant: Date of Application:

Applicant/Billing Address: Street City/State/Zip

Applicant Daytime Phone #: Evening Phone #:

Email Address: Tax ID:

Location of premises for which the permit is sought if different from billing address above:

Street City State Zip

Type of Business: Retail Manufacturing Hotel/Motel Education/Health Care Commercial

Business Name: Phone Number:

Business Address: Street City/State/Zip

If Commercial, date of last NFPA test

Type of Alarm System: Police Fire Medical (Check all that apply)

Company responsible for Monitoring, Maintenance / Repair

Address: Phone Number:

List three persons, with their respective residence addresses and telephone numbers, who can be contacted and will respond to the premises in the event of an emergency, to reset or deactivate the alarm system, or could contact the alarm user if the alarm user is not at the protected premises:

Table with 6 columns: Name, Street Address, City, State, Zip, Phone Number. Rows a), b), c)

Applicant Signature: Date:

If you have any questions filling out this application call 815-987-8077.