



Finance Department □ 102 N. Neil St. □ Champaign, IL 61820
Phone #217-351-4576 Fax #217-351-6910

REGISTRATION FOR ALARM SYSTEM USER

\$10.00 One-time registration fee (unless you move or change alarm companies)
\$50.00 One-time registration fee (unregistered users who have received false alarms)

The following information is required on all intrusion alarms. If information on the actual premises where the alarm is installed is different from the information on the applicant, please fill in both sections. For example, if a home company were applying for registration on a branch of the business both sections would need to be filled out. If an individual were registering an intrusion alarm in a business, we would need to know both the name, address, and phone number of the business and the name, address, and phone number of the person or business to whom correspondence concerning the alarm should be addressed. If, however, an individual were registering a residential alarm, both sections would not need to be filled out since the information would be identical.

INFORMATION REQUIRED ON PREMISES WHERE ALARM IS INSTALLED

Name _____

Address _____

Mailing
Address _____

Phone
Number _____

INFORMATION REQUIRED FROM APPLICANT

Name _____

Address _____

Phone
Number _____

Date Alarm First Installed

Please provide the names, home addresses, and home telephone numbers of at least three (3) responsible persons to contact in case of an emergency regarding the alarm system. If the alarm system is monitored by an alarm business, then that alarm business should be listed here:

Please provide the types and numbers of alarms being used, the areas of the facility or premises placed under surveillance, and the dates of installation. A separate sheet may be attached if necessary.

INFORMATION REQUIRED ON ALARM BUSINESS SERVICING THE ALARM SYSTEM

Name _____

Address _____

Phone
Number _____

VOLUNTARY INFORMATION

At the sole discretion of the alarm user, the alarm user may, as an option, list the location or locations at which the alarm system may be disconnected. This information is provided to the Police Department solely as a potential benefit to the applicant. By receiving this information, neither the Police Department nor the City of Champaign accept or assume any liability for the failure to disconnect the alarm. Further, the applicant hereby authorizes the Police Department to enter onto the applicant's premises to disconnect the alarm system, if the applicant or the applicant's agents fail to do so within a reasonable time.

Signature of Applicant

DO NOT WRITE BELOW THIS LINE ~ FOR OFFICE USE ONLY

License No. _____ Date Approved: _____

License Fee: _____ Approved: _____
License Officer or City Clerk

Revised 07/88
Approved as to Form:
Champaign Legal Department

