Orland Park Police Department

15100 S. Ravinia Avenue
Orland Park, Illinois 60462
(708) 349-4111

(effective 1/1/2009)
Application Fee:
$25.00 payable to the
Village of Orland Park
(*No fee due if updating information*)

Application For Burglar, Hold-Up or Emergency Alarm System Authorization

Alarm Holder Information:

Name _____
Address (line 1) _____
Address (line 2) _____
City, State Zip _____
Home / Work (____)____-_____ Cell (____)____-_____
E-Mail Account _____

Alarm Company Information:

State Registration Number _____
Name _____
Address (line 1) _____
Address (line 2) _____
City, State Zip _____
Telephone (____) ____ - _____ Fax (____) ____ - _____

Business Specific Information: Fax (____)____-_____

Web Site Address _____
Industry Type _____ _____
Village Business License Number _____
Owner Name _____
Home / Work (____)____-_____ Cell (____)____-_____
Manager Name _____
Home / Work (____)____-_____ Cell (____)____-_____

Business Hours:

Day of Week	Opening Time (*am/pm*)		Closing Time (*am/pm*)	
Sunday	_____	____	_____	____
Monday	_____	____	_____	____
Tuesday	_____	____	_____	____
Wednesday	_____	____	_____	____
Thursday	_____	____	_____	____
Friday	_____	____	_____	____
Saturday	_____	____	_____	____

Key Holders: *Authorized agent who can respond to the scene 30 minutes to assist police authorities in shutting off the alarm or authorize the release of the authorities from the scene.*

Key Holder #1 Information:

Name _____
Address (line 1) _____
Address (line 2) _____
City, State Zip _____
Telephone (____)____-_____ Cell Phone (____)____-_____
E-Mail _____

Key Holder #2 Information:

Name _____
Address (line 1) _____
Address (line 2) _____
City, State Zip _____
Telephone (____)____-_____ Cell Phone (____)____-_____
E-Mail _____

Key Holder #3 Information:

Name _____
Address (line 1) _____
Address (line 2) _____
City, State Zip _____
Telephone (____)____-_____ Cell Phone (____)____-_____
E-Mail _____

Rental Property Information: ☐ No ☐ Yes

Owner Name _____
Address (line 1) _____
Address (line 2) _____
City, State Zip _____
Home / Work (____)____-_____ Cell (____)____-_____
E-Mail Account _____

Application Type:

- ☐ New
- ☐ Renewal
- ☐ Update

Registration Type:

- ☐ Commercial
- ☐ Residential

Systems Present:

- ☐ Automated Fire Suppression
- ☐ Firearms
- ☐ Hazardous Materials
- ☐ Lights on After Hours
- ☐ Safe
- ☐ Watch Dog
- ☐ Other:_____

Alarm Types:

- ☐ Alarm Company
- ☐ Central Station
- ☐ Outside Ringer
- ☐ Self Re-Setting
- ☐ Silent Alarm

Alarm Functions:

- ☐ Burglar Alarm
- ☐ Fire Alarm
- ☐ Hold-Up Alarm
- ☐ Medical Alert

Entry Authorization

In the event the Orland Park Police Department, upon responding to the above alarm, finds an open door or window through which entry can be made, I hereby authorize police personnel to enter the above premise to ascertain if a crime is being committed or has been committed. I acknowledge that by entering the premises the Orland Park Police Department does not accept responsibility for securing the premises if one of the above mentioned key holders cannot be reached. I also acknowledge that the Orland Park Police Department does not guarantee the prevention of burglaries or apprehension of subjects by authorizing the alarm system.

_____ _____ _____
Authorization Signature *Title* *Date*

Office Use Only:

Approved by: _____
Date: _____

Entered CAD by: _____
Date: _____

Entered PSST by: _____
Date: _____

Registration Number

Industry Code:

105	Advertising
110	Agricultural, Livestock, Forestry & Fishing
115	Airlines
120	Auto Dealerships
125	Banking
130	Broadcasting and Entertainment
140	Brokers and Dealers in Commodities
135	Brokers and Dealers in Securities
145	Casinos
150	Colleges and Universities
155	Common Interest Reality Associations
160	Computer Software Development and Sales
165	Construction Contractors
170	Continuing care Retirement Communities
175	Credit Unions
265	Employee Benefit Plans
185	Extractive Industries - Mining
180	Extractive Industries - Oil and Gas
190	Finance Companies
200	Fire and Casualty Insurance Companies
195	Franchisors
205	Government Contractors
210	Health Maintenance Organizations
215	Hospitals and Nursing Homes
220	Hotels and Restaurants
225	Insurance Agents and Brokers
230	Investment Companies and Mutual Funds
186	Labor Organization (Union)
235	Leasing Companies
240	Life Insurance Companies
245	Manufacturing
250	Mortgage Banking
255	Motor Carriers
260	Not-for-Profit Organizations
999	Other Industry
270	Professional Services
275	Publishing
280	Real Estate Brokerage
285	Real Estate Development
295	Real Estate Investment Trusts
290	Real Estate Management
300	Reinsurance Companies
305	Retail Trade
310	Savings and Loan Associations
320	School Districts
315	Small Loan Companies
325	State and Local Government
330	Telephone Companies
335	Utilities
340	Wholesale Distributers

Medical Condition Code:

AIDS	Acquired Immunodeficiency Disease
ALZH	Alzheimer's Disease
ASTH	Asthma
BLND	Blind
CP	Cerebral Palsy
DEAF	Deaf
DEM	Dementia
DEP	Depression
HEP	Hepatitus "C"
HIV	Human Immunodeficiency Disease
INFE	Infectious Disease
MC	Mentally Challenged
MD	Muscular Dystrophy
PANC	Panic Attacks
TERM	Terminal Illness

Special Needs Individual #1 Information:

Name _____

Date of Birth ___ / ___ / _____ Gender _____

Medical Condition _____ _____ _____ _____ _____

Special Needs Individual #2 Information:

Name _____

Date of Birth ___ / ___ / _____ Gender _____

Medical Condition _____ _____ _____ _____ _____

Special Needs Individual #3 Information:

Name _____

Date of Birth ___ / ___ / _____ Gender _____

Medical Condition _____ _____ _____ _____ _____

Special Needs Individual #4 Information:

Name _____

Date of Birth ___ / ___ / _____ Gender _____

Medical Condition _____ _____ _____ _____ _____

Special Needs Individual #5 Information:

Name _____

Date of Birth ___ / ___ / _____ Gender _____

Medical Condition _____ _____ _____ _____ _____

Special Needs Individual #6 Information:

Name _____

Date of Birth ___ / ___ / _____ Gender _____

Medical Condition _____ _____ _____ _____ _____

Comments: