



VILLAGE OF INVERNESS

1400 Baldwin Road, Inverness, Illinois 60067
Main (847) 358-7740 • Police-Non-Emergency (847) 358-7766
Fax (847) 358-8774 • Email police@inverness-il.gov



PERMIT APPLICATION FOR ALARM SYSTEM

(Permits are not transferable)

Resident's Information			
Name(s):			
Address:		Zip Code:	
Phone #1:	Phone #2:		
Email Address:		Cameras: ____Yes / ____No	

Alarm Company Information	
Name of Company:	Phone:

The undersigned agree to provide Inverness Police Department and the applicable fire district personnel with access to the premises at all times for the purpose of investigating emergency calls and to provide the following information for that purpose:

Key Holder Information	
Name:	Phone:
Name:	Phone:
Name:	Phone:

The undersigned understands that the Village of Inverness and its respective officers, employees, and agents shall not be liable for and are hereby released from liability for any failure of service or damages, including but not limited to damages resulting from breaking to gain entrance, that might result from and/or may arise in any way as a result of the installation or operation of any alarm system, alarm connection and/or alarm service. The undersigned further agrees to indemnify the Village of Inverness and their respective officers, employees and agents for all claims, demands, judgments, liability costs and expenses that might result from and/or may arise in any way as a result of any alarm systems, the alarm connection and/or alarm service.

Signature of Applicant _____ Date _____

=====

Received by _____ Date _____