



A PLACE TO DISCOVER™  
**POLICE DEPARTMENT**

27W465 Jewell Road – Winfield, IL 60190

Telephone: (630) 933-7160 – Fax (630) 668-5541

[www.villageofwinfield.com](http://www.villageofwinfield.com)

*David Schar, Chief of Police*

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TODAY'S DATE:

ALARM SYSTEM INSTALL DATE:

**APPLICANT'S NAME:**

ALARM ADDRESS:

EMAIL ADDRESS:

**NAME AND ADDRESS OF OWNER(S):**

1)

2)

3)

**ALARM DEACTIVATION:** *Please list, in priority order*, all persons responsible for this premises. This includes key holders and those authorized to deactivate an alarm response.

**Required name, address, and telephone number for each:**

1)

2)

3)

4)

**PLEASE INDICATE ALL THAT PERTAIN TO YOUR PREMISES:**

Watch dog/dog

Security Guard

Hazardous material

Guns

Night light(s)

Building maintenance

Safe

**OVER**

**SECURITY ALARM COMPANY (required name and telephone number):**

**TYPE OF ALARM:**

Outside audible

Silent

Perimeter only

Hold up, entry, or both

Automatically reset-

Yes

No

**LOCATION OF ALARM SYSTEM SHUT-OFF:**

**METHOD TO BE USED IN DEACTIVATING THE ALARM:**

**I, the undersigned, am aware and fully understand that no outside audible alarm within the Village of Winfield may be activated for more than thirty (30) minutes. I hereby hold harmless the Village of Winfield, and its personnel and agents, from any damage resulting from deactivation of an alarm that has been activated for more than thirty (30) minutes.**

**SIGNATURE OF APPLICANT:**