

**HILLSIDE FIRE DEPARTMENT
ALARM SYSTEM CONNECTION**

Date Submitted: _____

Building Being Monitored: _____

Address: _____

Building Phone Number: _____ Contact Name: _____

EMERGENCY CONTACT INFORMATION

Name:

Phone:

1. _____

() _____

2. _____

() _____

3. _____

() _____

Billing Address (if different from building being monitored)

☐ Annual

☐ Quarterly

All invoices for connection fees and monitoring will be sent from the Village of Hillside Public Works Department. Fees are payable to Hillside Village Hall:

425 Hillside Avenue, Hillside, IL 60162

Phone: (708) 449-6450

(Office Use Only)

POSITION NUMBER

Connection Date: _____

Technician: _____

Radio Serial #: _____

AHJ: _____