



**2017  
REGISTRATION OF ALARM SYSTEM**

**CONFIDENTIAL**

**BUSINESS NAME**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

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**BUSINESS OWNER**

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

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**PROPERTY OWNER**

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

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**PROPERTY MANAGEMENT COMPANY**  
(if applicable)

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_



**KEYHOLDERS**

**BUSINESS NAME** \_\_\_\_\_  
**BUSINESS ADDRESS** \_\_\_\_\_  
**BUSINESS OWNER** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
**PROPERTY OWNER** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
**NAME** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
**NAME** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
**NAME** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

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**BURGLAR ALARM MONITORING FIRM**

(if applicable)

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

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**FIRE ALARM MONITORING FIRM**

(if applicable)

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

♦ **Per Village ordinance number 2013-O-15, fire alarm & detection systems required.**

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*I hereby register my emergency alarm system and fire alarm system and agree that I will abide by all applicable provisions of the Alarm Ordinance of Long Grove, IL.*

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

**COMPLETE AND RETURN TO:  
VILLAGE OF LONG GROVE, 3110 RFD, LONG GROVE, IL 60047**

cc: Lake County Sheriff  
Long Grove Fire Protection District  
Countryside Fire Protection District

For questions, contact the Village of Long Grove at 847-634-9440