



**REGISTRATION OF RESIDENTIAL ALARM SYSTEM
CONFIDENTIAL INFORMATION**

Last Name(s) _____
First Name _____ First Name _____
Address _____ RFD _____ Street Name _____
Subdivision _____ Lot No. _____ Year Moved In _____
Home Telephone _____ Email Address _____
Business Telephone _____ Business Telephone _____
Cell Telephone _____ Cell Telephone _____
Conservancy District on Property? Yes/No

**THREE REQUIRED CONTACTS:
PERSONS TO CONTACT AFTER ARRIVAL OF EMERGENCY RESPONSE & NO ONE ON PREMISES**

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____
Alarm Monitoring Firm _____ Phone _____
Alarm Monitoring Firm State of Illinois License Number _____

I hereby register my emergency alarm system and agree that I will abide by all applicable provisions of the Alarm Ordinance of Long Grove, IL. (Alarm Ordinance enclosed/Retain for your file)

SIGNATURE _____ Date _____

**Applicant is hereby granted a permit for an alarm system.
VILLAGE OF LONG GROVE**

Village Representative Date

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

**PLEASE COMPLETE AND RETURN TO:
VILLAGE OF LONG GROVE
3110 RFD
LONG GROVE, IL 60047-9635**

FAX No: 847-634-9408

For questions, please call Sherry Shlagman, 847-634-9440