



**REGISTRATION OF RESIDENTIAL ALARM SYSTEM
CONFIDENTIAL INFORMATION**

Last Name(s) _____
First Name _____ First Name _____
Address _____ Street Name _____
Subdivision _____ Lot No. _____ Year Moved In _____
Home Telephone _____
Business Telephone _____ Business Telephone _____
Cell Telephone _____ Cell Telephone _____
Email Address: _____ Email Address: _____
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

COMPLETE FORM AND MAIL, FAX, OR EMAIL TO:

VILLAGE OF LONG GROVE
3110 OLD MCHENRY Road, LONG GROVE, IL 60047-9635
FAX No: 847-634-9408
forms@longgroveil.gov

Village Office: 847-634-9440