



**2010
REGISTRATION OF ALARM SYSTEM
CONFIDENTIAL INFORMATION**

Business Name: _____

Address: _____

Business Telephone: _____

E-mail Address (optional): _____

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

_____ Telephone _____

_____ Telephone _____

_____ Telephone _____

Alarm Monitoring Firm: _____ Telephone _____

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.

SIGNATURE: _____

DATED: _____

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 Protection District

**COMPLETE AND RETURN TO:
VILLAGE OF LONG GROVE, 3110 RFD, LONG GROVE, IL 60047-9635
For questions, please call Sherry Shlagman 847-634-9440**