



VILLAGE OF  
LONG GROVE

**REGISTRATION OF RESIDENTIAL ALARM SYSTEM  
CONFIDENTIAL INFORMATION**

Family Name: \_\_\_\_\_

Husband's Name: \_\_\_\_\_

Wife's Name: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ RFD Street Name: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot No. \_\_\_\_\_

Year Moved In: \_\_\_\_\_

Conservancy District on Property? Yes/No

Email Address (optional): \_\_\_\_\_

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

\_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

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 \_\_\_\_\_ 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 District

**PLEASE COMPLETE AND RETURN TO:**

**VILLAGE OF LONG GROVE 3110 RFD LONG GROVE, IL 60047-9635**

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