



**2012  
REGISTRATION OF ALARM SYSTEM  
AND KEYHOLDER INFORMATION  
CONFIDENTIAL**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

**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: \_\_\_\_\_  
Business Owner

DATED: \_\_\_\_\_

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

\_\_\_\_\_  
Village Representative

\_\_\_\_\_  
Date

**ADDITIONAL KEYHOLDERS:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

*The information supplied above is for the confidential use of the Lake County Sheriff and Fire Protection District and will be used only for emergency purposes.*

Signed: \_\_\_\_\_  
Business Owner

Date: \_\_\_\_\_

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

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