



**2020
REGISTRATION OF ALARM SYSTEM**

CONFIDENTIAL

BUSINESS NAME

NAME _____

ADDRESS _____

PHONE _____ E-MAIL _____

BUSINESS OWNER

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL _____

PROPERTY OWNER

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL _____

PROPERTY MANAGEMENT COMPANY

(if applicable)

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL _____



KEYHOLDERS

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS OWNER _____ PHONE _____

PROPERTY OWNER _____ PHONE _____

KEYHOLDER NAME _____ PHONE _____

KEYHOLDER NAME _____ PHONE _____

KEYHOLDER NAME _____ PHONE _____

BURGLAR ALARM MONITORING FIRM

(if applicable)

NAME _____ PHONE _____

FIRE ALARM MONITORING FIRM

(if applicable)

NAME _____ PHONE _____

♦ Per Village ordinance number 2013-O-15, fire alarm & detection systems required.

I hereby register my emergency alarm system and fire alarm system and agree that I will abide by all applicable provisions of the Alarm Ordinance of Long Grove, IL.

Signature of Business Owner

Date

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

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

For questions, contact the Village of Long Grove at 847-634-9440