



ALARM REGISTRATION FORM

VILLAGE OF ROSEMONT

FOR OFFICE USE ONLY
DATE RECEIVED: _____
DATE ENTERED: _____
REVIEWER INITIALS: _____

IN THE EVENT OF AN EMERGENCY, THE FIRE DEPARTMENT MAY NEED TO MAKE CONTACT WITH A BUSINESS REPRESENTATIVE. **PLEASE PROVIDE ALL THE INFORMATION REQUESTED.** THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION OR ANNUAL RENEWAL. PLEASE CONTACT THE ROSEMONT PUBLIC SAFETY DEPARTMENT AT (847) 823-1134 WITH ANY QUESTIONS PERTAINING TO ALARMS AND RELATED FEES.

BUSINESS INFORMATION		
"DOING BUSINESS AS" NAME	NATURE OF BUSINESS	
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	EMAIL
MANAGEMENT CONTACT	PHONE	EMAIL
PERSON NOTIFIED FOR ALARMS	PHONE	EMAIL

BILLING INFORMATION		
BUSINESS/CORPORATE NAME	ATTN:	
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	EMAIL

TYPE OF ALARM

- BURGLARY HOLD UP FIRE
 MEDICAL OTHER PANIC

ALARM COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

PLEASE NOTE: THERE IS NO FEE FOR REGISTERING YOUR ALARM SYSTEM; HOWEVER, ROSEMONT ORDINANCE 2008-7-2C REQUIRES ANY PERSON, BUSINESS, CORPORATION OR OTHER ENTITY OPERATING OR MAINTAINING AN ALARM SYSTEM IN THE VILLAGE TO REGISTER SUCH SYSTEM WITH THE DEPARTMENT OF PUBLIC SAFETY. FAILURE TO DO SO WILL RESULT IN THE ISSUANCE OF AN ORDINANCE CITATION AND MAY RESULT IN A FINE UP TO \$750.00.

YOU WILL BE REQUIRED TO RE-REGISTER YOUR ALARM EACH YEAR IN JANUARY OR WHEN ANY INFORMATION CHANGES SUCH AS ALARM COMPANY OR CONTACT INFORMATION.

ACKNOWLEDGMENT:

I, _____ AS OWNER/REPRESENTATIVE OF THE NAMED PROPERTY DO HEREBY SUBMIT THIS ALARM REGISTRATION.

SIGNATURE _____ TITLE _____ DATE _____