



VILLAGE OF  
**BURR RIDGE**  
A VERY SPECIAL PLACE

Gary Grasso  
Mayor

**ALARM PERMIT REGISTRATION**  
(Please print clearly)

Resident or Business Name: -----

Address: -----

Phone Number: ----- Fax Number: -----

Business Hours of Operation (if applicable): -----

**Contact Information:** (Please list key holders in order of who to reach if an emergency):

1. Name: \_\_\_\_\_  
Phone: ----- Phone #2: -----
2. Name: \_\_\_\_\_  
Phone: ----- Phone #2: -----
3. Name: \_\_\_\_\_  
Phone: ----- Phone #2: -----
4. Name: \_\_\_\_\_  
Phone: ----- Phone #2: -----
5. Name: \_\_\_\_\_  
Phone: ----- Phone #2: -----

**Alarm Information** (Check all that apply):

Alarm Type:     Burglar         Fire                 Hold Up/Panic         None

Alarm Company Name: -----

Alarm Company 24 Hour Emergency Phone Number: -----

Does your Alarm Automatically Reset?    \_\_\_ Yes \_\_\_ No

**Any other relevant information:** (i.e. overnight cleaning crews, additional contacts)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: -----

Signature: -----

Date: -----

(Please Mail to: Burr Ridge Police Department 7700 South County Line Road, Burr Ridge, IL 60527 or Fax to: 630-654-4441)

POLICE DEPARTMENT  
John W. Madden  
Chief of Police

7700 County Line Road  
Burr Ridge, IL 60527  
(630) 323-8181  
Fax: 630-654-4441  
www.burr-ridge.gov

