VILLAGE OF
BURR RIDGE
A VERY SPECIAL PLACE

Mickey Straub
Mayor

Karen J. Thomas
Village Clerk

Steven S. Stricker
Administrator

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

POLICE BURR RIDGE PRIDE IN SERVICE IL

LAW ENFORCEMENT ACCREDITATION