



VILLAGE OF ROSEMONT

ALARM REGISTRATION FORM

Please print all information

NAME OF BUSINESS:		CORPORATE NAME:	
NATURE OF BUSINESS:			
ROSEMONT ADDRESS: address, suite #, floor #		BUSINESS PHONE:	
MANAGEMENT/BUSINESS CONTACT NAME:		PHONE:	E-MAIL:
PERSON AT LOCATION NOTIFIED FOR ALARMS		PHONE:	E-MAIL:
ALARM COMPANY NAME:		ALARM COMPANY ADDRESS:	
TYPE OF ALARM: <small>Please check all that apply</small> <input type="checkbox"/> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Hold-up <input type="checkbox"/> Panic <input type="checkbox"/> Medical <input type="checkbox"/> Other <small>describe</small>			
LOCATION OF ALARM PANEL ON PREMISES:			

PLEASE NOTE: There is no fee for registering your alarm system. However, Rosemont Ordinance number 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.

ACKNOWLEDGEMENT

I, _____ please print _____ as owner/representative of the named property do hereby submit this Alarm Registration.

Signature: _____ Date: _____

Office Use Only

Date Received: _____ Date Entered: _____ Reviewer Initials: _____

RPS-025