



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

