

Village of Romeoville
Business Alarm Registration / Emergency Phone Listing
Please type or Print Information

Section 1. Business Information	
Business Name _____	Business Phone (____) _____
Business Address _____	Owner Name _____
	Manager Name _____
Is Business Alarmed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Alarm Registration Information	
<u>PERSON(S) TO BE CONTACTED IN CASE OF EMERGENCY</u>	
1. _____	Phone: (____) _____
2. _____	Phone: (____) _____
3. _____	Phone: (____) _____
4. _____	Phone: (____) _____
5. _____	Phone: (____) _____

Section 2. Alarm Registration	
Ordinance No. 2062-90 entitled "False Alarms" requires that all Alarm Owners must register their alarm system with the Village of Romeoville, 10 Montrose Drive, Romeoville, Illinois. There is no cost to register your alarm. For questions contact the Romeoville Police Department Community Policing Division at (815) 886-7215.	
Alarm Company Name _____	Alarm Phone (____) _____
Alarm Type: <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Fire <input type="checkbox"/> Medical <input type="checkbox"/> Other (specify) _____	
Check all that apply) <input type="checkbox"/> Silent <input type="checkbox"/> Audible	
Alarm Zone Information (Example: Zone 1: Office Zone 2: Dock Doors)	
Zone 1. _____	Zone 4. _____
Zone 2. _____	Zone 5. _____
Zone 3. _____	Zone 6. _____

Section 3. Entry Authorization		
In the event that the above named business is found to be unsecured, i.e., unlocked, or where an entrance door or a window is open when premises are not occupied after business hours, I hereby authorize the officers of the Romeoville Police Department to enter the above named business for the purpose of protecting persons and property, and to search for possible intruders		
<input type="checkbox"/> I authorize entry as described above. <input type="checkbox"/> I do not authorize entry		
Owner / Manager Signature _____	Today's Date _____	
<small>Police Department Use Only</small>		
Received By: _____	Date Received _____	Record # _____