



Bolingbrook

POLICE DEPARTMENT

ALARM USER REGISTRATION FORM

NOTE If you have previously registered your alarm, you do not need to return this form unless you are making changes to your prior registration information

please check one

Business Residence

NAME		
ADDRESS		SUITE# or FLOOR
CITY Bolingbrook	STATE IL	ZIP
PHONE # ()		<input type="checkbox"/> Business <input type="checkbox"/> Residence
OTHER PHONE # ()		<input type="checkbox"/> Cellular <input type="checkbox"/> Work

ALARM TYPE:			
<input type="checkbox"/> Audible	<input type="checkbox"/> Burglary	<input type="checkbox"/> Hold-Up	<input type="checkbox"/> Monitoring Service
<input type="checkbox"/> Silent	<input type="checkbox"/> Other: _____ (please specify)		

ALARM COMPANY NAME		
ADDRESS		SUITE# or FLOOR
CITY	STATE	ZIP
PHONE # (please list 24-hour number) ()		

Please list three (3) people who will respond to an alarm call and/or in case of an emergency:			
#	NAME	1 ST PHONE #	2 ND PHONE #
1		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work ()
2		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work ()
3		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work ()

COMMENTS / SPECIAL INSTRUCTIONS:

PLEASE MAIL TO:
 Bolingbrook Police Department
 Attn: Crime Prevention Unit
 375 W. Briarcliff Road
 Bolingbrook, IL 60440

OR FAX TO:
 Bolingbrook Police Department
 Attn: Crime Prevention Unit
 (630) 226-8619