

**FOX LAKE POLICE DEPARTMENT
BUSINESS SECURITY FORM**

Name of Business _____ Phone _____
Address _____ Type of Business _____

Complete Description of Merchandise

Hours of Operations: Weekdays _____ to _____; Sat. _____ to _____; Sun _____ to _____

Alarm Company Name _____ Phone Number _____

Location of Alarm _____

Burglar (Audible Silent) Fire Medical Auto Sprinkler

Owner's Information

Last _____ First _____ M.I. _____ D.O.B. _____

Home Address _____ City _____ St. _____ Zip _____

Home Phone _____ Cell Phone _____ Alt Phone _____

Co-Owner's Information:

Last _____ First _____ M.I. _____ D.O.B. _____

Home Address _____ City _____ St. _____ Zip _____

Home Phone _____ Cell Phone _____ Alt Phone _____

In Case of Emergency

Please List Key Holders in the Order they are to be Called

All Key Holders MUST HAVE A KEY to the business and be responsible

(Information will be used in the event of a problem involving your business and will remain confidential)

#1 Name _____ Title _____

Address _____ City _____ St. _____

Home Phone _____ Cell Phone _____ Alt Phone _____

#2 Name _____ Title _____

Address _____ City _____ St. _____

Home Phone _____ Cell Phone _____ Alt Phone _____

#3 Name _____ Title _____

Address _____ City _____ St. _____

Home Phone _____ Cell Phone _____ Alt Phone _____

Form Completed by Name _____ Title _____

Please Return This Form to:

Fox Lake Police Department

301 S. Route 59

Fox Lake, Illinois 60020

Phone 847/587-3100 Fax 847/587-3932

For Office Use ONLY

CAD ____/____ Alarm Board ____/____