

**FOX LAKE POLICE DEPARTMENT
BUSINESS/RESIDENT SECURITY FORM**

Name Of Buisness _____ Phone _____
Address _____ Buisness Type _____

Owner's Name:

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

Home Address: _____ City: _____ St. _____

Home Phone: _____ Cell Phone: _____ Pager: _____

Co-Owner's Name:

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

Home Address: _____ City: _____ St. _____

Home Phone: _____ Cell Phone: _____ Pager: _____

COMPLETE DESCRIPTION OF MERCHANDISE TO BE SOLD

Hours Of Operation: Weekdays _____ to _____ Weekends _____ to _____

Alarms: Burglar: _____ Fire: _____ Medical: _____ Auto Sprinkler: _____

Audible: _____ Silent: _____

Alarm Company Name : _____ Phone Number: _____

Location of alarms: _____

IN CASE OF EMERGENCY NOTIFY: (List Key Holders In The Order To Be Called)

#1 Name _____ Title _____

Address _____ City _____ St. _____

Home Phone _____ Cell Phone _____ Pager _____

#2 Name _____ Title _____

Address _____ City _____ St. _____

Home Phone _____ Cell Phone _____ Pager _____

#3 Name _____ Title _____

Address _____ City _____ St. _____

Home Phone _____ Cell Phone _____ Pager _____

****The above people MUST HAVE A KEY to the business and be responsible****

****The above information will be used in the event of a problem involving your business and will remain confidential****

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**