



## FOX LAKE POLICE DEPARTMENT BUSINESS SECURITY FORM

Name of Business \_\_\_\_\_ Busn Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_ Type of Business \_\_\_\_\_

### Complete Description of Merchandise

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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. \_\_\_\_\_  
1st Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_ 3rd Phone \_\_\_\_\_

#2 Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_  
1st Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_ 3rd Phone \_\_\_\_\_

#3 Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_  
1st Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_ 3rd 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

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For Office Use ONLY

CAD \_\_\_\_/\_\_\_\_ Alarm Board \_\_\_\_/\_\_\_\_