



**RIVERWOODS POLICE DEPARTMENT  
RESIDENTIAL & COMMERCIAL  
BURGLAR/HOLDUP ALARM ANNUAL REGISTRATION FORM**



**2018**

\$25 Initial Registration       \$15 Renewal

Registration information shall be securely maintained and restricted to inspection only by the Police Chief or certain officers or Village employees specifically assigned the responsibility for handling and processing alarm user registrations in the course of official duties without the express written consent of the alarm user supplying such information.

Date: \_\_\_\_\_

Resident/Business Name(s): \_\_\_\_\_

Resident/Business Address: \_\_\_\_\_

Names of Owners/Occupants: \_\_\_\_\_

Owner/Occupant/Business Phone Number (s): \_\_\_\_\_

Work Phone Number(s): \_\_\_\_\_

Other Phone Number(s) (Cell, Pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Use:  Police Emergency Only or  Police Emergency & Village non-emergency notification.

**Keyholder/Emergency after Hour's Contact (24 hour availability):**

- 1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Phone Number of Alarm Co: \_\_\_\_\_

Please be sure to include your \$25.00 (Initial Registration Fee) or \$15.00 (Renewal Fee.)

Accepted forms of payment are:

- **Check:** Please make payable to the Village of Riverwoods
- **Credit Card-** Please note a 3% convenience fee will be added to all credit card payments.

<p>Card Type (please circle):    Visa    MasterCard    Discover    American Express</p> <p>Card Number: _____</p> <p>Expiration Date: _____ 3 Digit Security No. (On back of card): _____</p> <p>Cardholder Name: _____</p> <p>Billing Address: _____</p> <p>_____</p> <p>Authorized Signature: _____ Date: _____</p> <p>Amount to be Charged (please mark):    ___ \$15    ___ \$25</p>
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**Mail completed form and payment to:  
Village of Riverwoods Police Department  
845 Saunders Road  
Riverwoods, Illinois 60015**

Please do **NOT** include payment for any other Village fees or bills.