

BARRINGTON HILLS POLICE DEPARTMENT

112 Algonquin Road
Barrington Hills, IL 60010

RESIDENT/BUSINESS INFORMATION

ALL INFORMATION **CONFIDENTIAL** FOR POLICE USE ONLY!

Name (Last, First, Middle)			Date
Address			Home Phone Number ()
City	State	Zip Code	Work / Cell Phone Number ()

Please List Below All Person(s) at Residence\Business (include yourself)

Name	Date of Birth	Name	Date of Birth

Please Specify Any Medical Conditions You Would Like Us To Be Aware Of:

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Pet Information

<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed:	Name:	Color:	Age:	Sex:
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed:	Name:	Color:	Age:	Sex:
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed:	Name:	Color:	Age:	Sex:

Alarm Company Information

For Information on Connection to the Police Department Alarm Board Contact JoAnne Gumprecht

Type of Alarm System:	<input type="checkbox"/> Burglar	<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Please Specify:)
Alarm Company Name		Address	
City	State	Zip Code	Phone Number ()

Emergency Notification / Key Holder

Do you have a Security Gate Entrance to your property? <input type="checkbox"/> Yes, Code is: _____ <input type="checkbox"/> No			
1. Name (Last, First, Middle)		Address	
City	State	Zip Code	Phone Number ()
Does this person know how to work Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No		(Work / Cell Phone Number	
Do they have a key for access in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No)	
2. Name (Last, First, Middle)		Address	
City	State	Zip Code	Phone Number ()
Does this person know how to work Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work / Cell Phone Number	
Do they have a key for access in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No)	
Other Emergency Information You Wish To Be Noted:			

POLICE - NON EMERGENCY [847] 551-3006 POLICE - FAX [847] 551-3055 VILLAGE HALL [847] 551-3000

EMERGENCY 911

Additional Persons at Residence \ Business

Name	Date of Birth	Name	Date of Birth

Additional Pet Information

<input type="checkbox"/> Dog	Breed:	Name:	Color:	Age:	Sex:
<input type="checkbox"/> Dog	Breed:	Name:	Color:	Age:	Sex:
<input type="checkbox"/> Dog	Breed:	Name:	Color:	Age:	Sex:
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed:	Name:	Color:	Age:	Sex:
Pet Name	Chip ID #	Pet Name	Chip ID #		

Additional Key Holder Information

3. Name <i>(Last, First, Middle)</i>		Address			
City	State	Zip Code	Phone Number ()		
Does this person know how to work Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work / Cell Phone Number			
Do they have a key for access in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No		()			
4. Name <i>(Last, First, Middle)</i>		Address			
City	State	Zip Code	Phone Number ()		
Does this person know how to work Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work / Cell Phone Number			
Do they have a key for access in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No		()			

Additional Information

Fire Grid Sign Grid # Posted _____
<input type="checkbox"/> Missing <input type="checkbox"/> Rusty <input type="checkbox"/> Post needs to be reinstalled <input type="checkbox"/> Other _____
<input type="checkbox"/> None - New construction Contact JoAnne Gumprecht [JGumprecht@vbhpd.net]
<input type="checkbox"/> No Issues