

# CINCINNATI LAW DEPARTMENT

## FALSE ALARM REDUCTION UNIT

### Instructions for Completing the Enclosed Registration Form – Non-Residential

The enclosed registration form must be completed and returned to the Cincinnati Law Department, False Alarm Reduction Unit within fifteen (15) days of issue. Complete all sections of the form. The form may be submitted by U.S. Mail or by Facsimile (Fax). Email registrations are not accepted.

**Alarm Location:** On the first line, enter the business name of the organization at it would appear on company letterhead. On the second line, enter the corporate or company name if different from the business name. Next, enter the complete address of the alarm system location. Telephone 1 is the primary number to reach the location manager. Telephone 2 is the back up telephone number, such as a cell phone or fax number.

**Owner/Managing Partner/Corporate President:** Enter the name, address and telephone number(s) of the person responsible for the operation of the alarm system and the payment of any fees or fines.

**Send Notifications/Statements To:** Enter the name and address to which all mail should be directed. This may or may not be the same address as the alarm location or responsible party. Include the title of the individual who should respond to any correspondence.

**Contact Person 1:** Enter the name of the primary person to be contacted in the event of an alarm activation. Include the individuals name and two telephone numbers where that person may be reached.

**Contact Person 2:** Enter the name and telephone number(s) of the back up person to contact in the event that contact person 1 is not available. (spouse, neighbor, etc.)

**What is the Name and Address of your Current Alarm Company:** Enter the complete name and address of the alarm company which bills you for alarm services.

**Installation Date:** Enter the date the security alarm system was first placed in service, if after July 15, 2003.

**Be sure to sign and date the form. Return the original copy to the FARU. Retain a copy for your records. An unsigned form will not be accepted as a valid registration.**

*Civil monetary penalties will be assessed for all false alarms recorded from an unregistered security alarm system. The fine for the first false alarm from an unregistered system is \$100.00. For all subsequent false alarm activations from an unregistered security alarm system, the fine is \$800.00 per activation.*

**If you have any questions, please contact the False Alarm Reduction Unit at 513-352-1272 or by email at [faru@cincinnati-oh.gov](mailto:faru@cincinnati-oh.gov).**



# FALSE ALARM REDUCTION UNIT (FARU)

CINCINNATI LAW DEPARTMENT  
TWO CENTENNIAL PLAZA  
805 CENTRAL AVE, SUITE 110  
CINCINNATI OHIO 45202  
Telephone (513) 352-1275/Fax (513) 352-4898  
Email: rbeardsley@cincinnati-oh.gov



## ALARM REGISTRATION- NON-RESIDENTIAL/BUSINESS

(PLEASE TYPE OR PRINT)

**ALARM LOCATION** **OWNER/MANAGING PARTNER/CORPORATE PRESIDENT**

BUSINESS NAME AT ALARM LOCATION/ALARM USER NAME (LAST, FIRST)

COMPANY OR CORPORATE NAME TITLE

ALARM LOCATION ADDRESS STREET NAME, NUMBER APT/SUITE

CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE

TELEPHONE 1 TELEPHONE 2 TELEPHONE 1 TELEPHONE 2

LOCATION MANAGER FEDERAL IDENTIFICATION NUMBER

**SEND NOTIFICATIONS/BILLINGS TO:**

NAME STREET ADDRESS

TITLE CITY, STATE, ZIP CODE

**CONTACT PERSON 1** **CONTACT PERSON 2**

NAME (LAST, FIRST) NAME (LAST, FIRST)

TELEPHONE 1 TELEPHONE 2 TELEPHONE 1 TELEPHONE 2

**NAME AND ADDRESS OF YOUR CURRENT ALARM COMPANY**

COMPANY NAME

STREET NUMBER, NAME

CITY, STATE, ZIP CODE

TELEPHONE 1 TELEPHONE 2

**INSTALLATION DATE** \_\_\_\_\_

**Alarm registrations are Alarm User (Business Name) and Alarm Location (Address) specific and are not transferable.**

*I hereby certify that the above information is accurate to the best of my knowledge*

Signature of Authorized Business Representative Title Date

*(Retain a copy of this form for your records)*