

CINCINNATI LAW DEPARTMENT

FALSE ALARM REDUCTION UNIT

Instructions for Completing the Alarm Registration - Residential

The registration form must be completed, signed 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.

Address Where Alarm Is Located: Enter the complete address and Zip Code of the location of the alarm system. This would be the address where Cincinnati Police Officers would respond.

Person Living At Alarm Address: Enter the complete name and telephone number of the person living at the address of the alarm location.

Responsible Party – Address Will Be Used for Letters and Statements: Enter the complete name and address of the person or business responsible for the alarm system. This person/business would be responsible for the maintenance of the alarm system and the payment of any fines or fees. If the responsible party is the same as the person living at the alarm address, you may enter the word "same" as the responsible party.

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.

The person listed as the Responsible Party must sign and date the form. Return the copy with the original signature to this office. Keep a copy for your records.

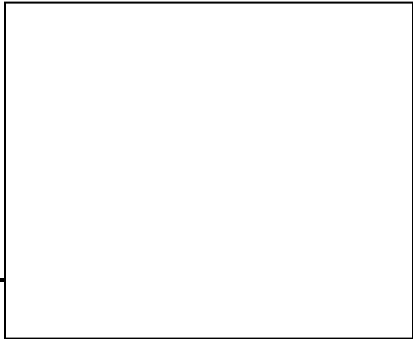
Civil monetary penalties will be assessed for all false alarms recorded from an unregistered security alarm system. The fine for the first false alarm from an unregistered system is \$100.00. For all subsequent false alarm activations from an unregistered security alarm system, the fine is \$800.00 per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



FALSE ALARM REDUCTION UNIT (FARU)

CINCINNATI LAW DEPARTMENT
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Email: ron.beadsley@cincinnati-oh.gov



ALARM REGISTRATION- RESIDENTIAL

(PLEASE TYPE OR PRINT)

A) ADDRESS WHERE ALARM IS LOCATED

STREET ADDRESS

CITY, STATE, ZIP CODE

B) PERSON LIVING AT ALARM ADDRESS

NAME (LAST, FIRST)

TELEPHONE NUMBER

C) RESPONSIBLE PARTY – ADDRESS WILL BE USED FOR LETTERS AND STATEMENTS

NAME (LAST, FIRST) STREET ADDRESS

TELEPHONE NUMBER CITY, STATE, ZIP CODE

D) CONTACT PERSON 1 CONTACT PERSON 2

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

TELEPHONE 1 TELEPHONE 2 TELEPHONE 1 TELEPHONE 2

E) WHAT IS THE NAME AND ADDRESS OF YOUR CURRENT ALARM COMPANY

COMPANY NAME

STREET NUMBER, NAME

CITY, STATE, ZIP CODE

TELEPHONE 1 TELEPHONE 2

IF INSTALLED AFTER 7/15/03, PROVIDE THE INSTALLATION DATE _____

Alarm Registrations are Alarm Location (Address) and Alarm User (Responsible Party) specific and are not transferable.

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

Signature of Alarm System Responsible Party Date

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