## **FALSE ALARM REDUCTION UNIT (FARU)**

CINCINNATI POLICE DEPARTMENT POST OFFICE BOX 14573 CINCINNATI OHIO 45250-0573

Phone: (513) 352-1272/Fax (513) 352-1445

Email: faru@cincinnati-oh.gov

| ALARM REGISTRATION – RESIDENTI   | [AL  |
|--|--|
| (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 USEI  | FOR LETTERS AND STATEMENTS                                     |
|  |  |
| NAME (LAST, FIRST)   | STREET ADDRESS   |
|  |  |
| TELEPHONE NUMBER   | CITY, STATE, ZIP CODE  |
| D) CONTACT PERSON 1  | CONTACT PERSON 2   |
| D) COMMOTTEMOTO  | CONTROLLEROON  |
|  |  |
| NAME (LAST, FIRST)   | NAME (LAST, FIRST)   |
|  |  |
| TELEPHONE 1 TELPHONE 2   | TELEPHONE 1 TELPHONE 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 INSTAL                                       | I ATION DATE   |
|  | rm 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   |