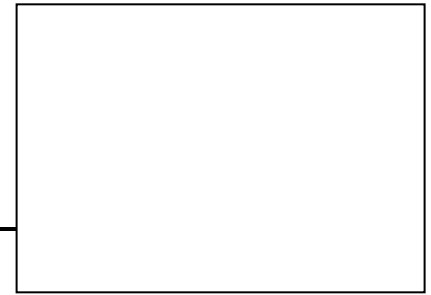


**FALSE ALARM REDUCTION UNIT (FARU)**

CINCINNATI POLICE DEPARTMENT  
POST OFFICE BOX 14573  
CINCINNATI OHIO 45250-0573  
Phone: (513) 352-1272/Fax (513) 352-1445  
Email: [faru@cincinnati-oh.gov](mailto:faru@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**

FrontPoint Security

COMPANY NAME

1595 Spring Hill Road, Suite 110

STREET NUMBER, NAME

Vienna, VA 22182

CITY, STATE, ZIP CODE

703-776-9100

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

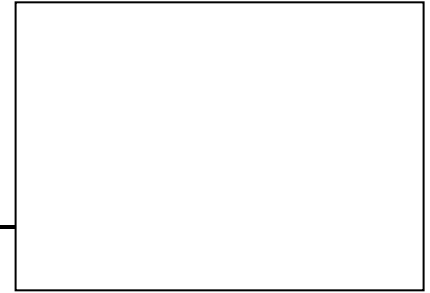
Date

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

® **BNU**  
7/18/05

# 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](mailto:faru@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	APT/SUITE	STREET NAME, NUMBER	APT/SUITE
------------------------	-----------	---------------------	-----------

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

TELEPHONE 1	TELEPHONE 2	TELEPHONE 1	TELEPHONE 2
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LOCATION MANAGER	FEDERAL IDENTIFICATION NUMBER
------------------	-------------------------------

SEND NOTIFICATION/BILLINGS TO:	
--------------------------------	--

NAME	STREET ADDRESS
------	----------------

TITLE	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
-------------	-------------	-------------	-------------

NAME AND ADDRESS OF YOUR CURRENT ALARM COMPANY
--

FrontPoint Security COMPANY NAME
-------------------------------------

1595 Spring Hill Road, Suite 110 STREET NUMBER, NAME
---

Vienna, VA 22182 CITY, STATE, ZIP CODE
---

703-776-9100 TELEPHONE 1	TELEPHONE 2
-----------------------------	-------------

INSTALLE DATE \_\_\_\_\_

Alarm Registration 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 Alarm System Responsible Party (Retain a copy of this form for your records)	Date
--	------

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7/18/05