

SPARTANBURG PUBLIC SAFETY DEPARTMENT

FALSE ALARM REDUCTION UNIT

Instructions for Completing the *False Alarm Reduction License Registration Form*

Complete *all* sections of the form. The form may be submitted by U S Mail or by Facsimile (Fax) at 864-596-2359. If you choose to fax the form, please mail a check or money order to the address on your invoice. Email registrations are not accepted.

Alarm Company Info: Enter the complete name, address and zip Code of the alarm company.

Responsible Party – Address Will Be Used for Letters and Statements: Enter the complete name and address of the person or business representative responsible for the business. This person would be responsible for payment of any fines or fees.

Contact Person 1: Enter the name of the primary person to be contacted in the event of a problem with a customer's account. Include the individual's telephone numbers where they may be reached.

Contact Person 2: Enter any other names of company personnel to be contacted in the event of a problem with a customer's account. Include the individual's telephone numbers where they may be reached.

Contact Person 3: Enter any other names of company personnel to be contacted in the event of a problem with a customer's account. Include the individual's telephone numbers where they may be reached.

Contact Person 4: Enter any other names of company personnel to be contacted in the event of a problem with a customer's account. Include the individual's telephone numbers where they may be reached.

What is the Name of the Monitoring Stations You Use: Enter the complete name, address and telephone number of the Monitoring Company(s) that monitors your alarm accounts.

Other Information: Enter the type of clients you service as well as the hours of operation.

The person listed as the Responsible Party must sign and date the form. An unsigned form will not be accepted as a valid registration. Return a completed copy to the FARU. Keep a copy for your records.