Forest Park Police Department

False Alarm Reduction Unit
320 Cash Memorial Blvd
Forest Park, GA 30297

Account # AlarmNo

Registration Form

☐ Commercial Location ☐ Residential Location

INSTRUCTIONS: Print legibly or type. Complete all application items. Complete a separate application for each address to be permitted. Attach payment and return to the address shown at the bottom of this form

1 Alarmed Location

LastName FirstName
Occupant Name or Business Name and Business Type (if applicable)

Str # Full Street Address Suite
Address Suite/Apt#

City State Zip
City State Zip

2 Responsible Party

Phn1 Phone1

Name Phn2 Phone 2

Str # Full Street Address Suite Phn3 Phone 3
Address

City State Zip Phn4 Phone4
City State Zip

3 Contact Names

Contact 1
Phn1 Phone1
LastName FirstName Phn2 Phone 2
Name

Contact 2
Phn1 Phone1
LastName FirstName Phn2 Phone 2
Name

4 Additional Information

Date Installed/Activated _____ Alarm System Type(s) _____

Special Conditions/ Hazards _____

5 Alarm Companies

☐ Not Monitored ☐ No Alarm System Installed

Monitored By - Please include company address

Alarm Co Monitored By Name Phn1 Phone1

Installed/Sold By - Please include company address

Alarm Co Sold By Name Phn1 Phone1

I understand that, in accordance with City Code Section Title 4 Chapter 4, applicant is financially responsible for all charges and penalties specific in this section. Signature _____ Date _____

NOTE: If information provided in application changes, you must notify the Alarm Enforcement Section within ten (10) working days. Please mail or deliver to:

City of Forest Park - False Alarm Unit
320 Cash Memorial Blvd
Forest Park, GA 30297

☐ I have been properly trained by the alarm company for using this system

☐ I posses operating instructions for this alarm system and information on false alarm reduction

One time $25 charge for Commercial Alarm Registrations / No charge for Residential Alarm Registrations