I R C S O - False Alarm Reduction Office
4055 41st Avenue
Vero Beach, FL 32960

_____

ALL INFORMATION MUST BE TYPED OR PRINTED. PLEASE RETURN THE COMPLETED FORM, ALONG WITH $30.00 REGISTRATION\RENEWAL FEE. MAKE CHECKS PAYABLE TO IRCSO-FARO AND **MAIL TO:** FALSE ALARM REDUCTION OFFICE 4055 41ST AVENUE, VERO BEACH, FLORIDA 32960-1808 **(MAILING ADDRESS).**

CONNECT: ___LOCAL ___REMOTE SOUND: ___SILENT ___AUDIBLE
RESET: ___MANUAL ___AUTOMATIC INSTALLED: EXPIRES:
ALARM TYPE: ___Burglar ___Holdup ___Other ___Panic ___Silent

LOCATION -	RESPONSIBLE PARTY
NAME (LAST, FIRST OR BUSINESS NAME)	LAST, FIRST
STR # STREET NAME APT/SUITE eMAIL ADDRESS	STR # STREET NAME APT/SUITE eMAIL ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
Ph1 Ph2	Ph1 Ph2
PHONE 1 PHONE 2	PHONE 1-2

CONTACT PERSON 1	CONTACT PERSON 2
NAME (LAST, FIRST)	NAME (LAST, FIRST)
Ph1 Ph2	Ph1 Ph2
PHONE 1-2	PHONE 1-2

SPECIAL CONDITIONS

MONITORED BY	INSTALLED BY
COMPANY NAME	COMPANY NAME
ADDRESS (STR # STREET NAME APT/SUITE	ADDRESS (STR # STREET NAME APT/SUITE
CITY, STATE ZIP	CITY, STATE ZIP
PHONE 1 PHONE 2	PHONE 1 PHONE 2

I hereby agree to comply with all the requirements of this ordinance. I understand that I am responsible for all fines for excessive False alarms.

_____ Signature

_____ Date

IRCSO- FARO OFFICE LOCATION: INDIAN RIVER COUNTY SHERIFF'S SUBSTATION AT THE INDIAN RIVER MALL , SUITE #860 ENTRANCE #3. PHONE #'S: (772) 978-6042 OR (772) 978-6043 FAX # (772) 794-0313

PERMIT RENEWALS - **REVIEW THE INFORMATION. IF THERE ARE NO CHANGES, THEN RETAIN THIS COPY FOR YOUR RECORDS.**

Indian River County Sheriff's Office
False Alarm Reduction Staff
4055 41st Avenue
Vero Beach, Florida 32960

INDIAN RIVER COUNTY ALARM SUBSCRIBER / ALARM COMPANY INFORMATION FORM

Please use ink and print clearly or type

FOR: Name of Residence/Business: _____

(This will be the same name & address the alarm company will use for dispatch)

Address of Alarm Location: _____

Date of Alarm Installation: _____ Alarm Business License Number: _____

After you have read and clearly understand the statements listed below, please initial each item:

1. The Alarm Company has provided the subscriber with an Owner's Manual and/or Video Tape on the operation of this alarm system. Subscriber understands operation of the keypad or the arming/disarming device, contacts, space detection, central station procedures and cancellation procedures. Subscriber understands that it is their responsibility to train ALL persons who have access to the armed premises on the items listed above. The Alarm Company has explained common reasons for false alarms, ways to prevent them and the importance of preventing false alarms.

ALARM CO. _____ **SUBSCRIBER** _____

2. The Alarm Company has provided the Subscriber with Indian River County Sheriff's Office False Alarm Packet containing:
   A. Alarm Subscriber Permit Application
   B. Indian River County Sheriff's Office False Alarm Reduction Flyer
   IT IS THE SUBSCRIBER'S RESPONSIBILITY TO READ THIS PACKET.

ALARM CO. _____ **SUBSCRIBER** _____

3. The Alarm Company has informed the Subscriber that the Alarm Subscriber Permit Application must be submitted (along with the permit fee) to the Indian River County Sheriff's Office within 15 calendar days of installation/takeover.

ALARM CO. _____ **SUBSCRIBER** _____

4. The Alarm Company will submit the initial Alarm Subscriber Permit Application and fee.

ALARM CO. _____ **SUBSCRIBER** _____

5. The subscriber is responsible for all renewal and update information.

ALARM CO. _____ **SUBSCRIBER** _____

6. The Alarm Company has informed the Subscriber about the responsible representative requirement of the Indian River County Ordinance. Subscriber understands that a representative must respond within one hour of the alarm activation to: 1. deactivate the system; 2. provide access to the premises; 3. or to provide security.

ALARM CO. _____ **SUBSCRIBER** _____

7. The Alarm Company has informed the Subscriber about Section 2 (K): Section 4: Section 12 and Section 13.
IT IS THE SUBSCRIBER'S RESPONSIBILITY TO READ THESE SECTIONS ABOUT FALSE ALARMS, PERMIT DURATION, FINES, AND THE APPEALS PROCESS.

ALARM CO. _____ **SUBSCRIBER** _____

_____	_____
Printed Name of Alarm Company Representative	Printed Name of Subscriber
_____	_____
Signature of Alarm Company Representative	Signature of Subscriber
_____	_____
Name of Alarm Company	Today's Date

White - FARO Yellow - Alarm User Pink - Alarm Company