



**Lee County Sheriff's Office
False Alarm Reduction Unit
14750 Six Mile Cypress Pkwy. Fort Myers, 33912 (239) 477- 1244**

ALARM USER REGISTRATION

ALARM LOCATION INFORMATION (Please Print Clearly)

Resident's Name or Business Name _____ Telephone Number () _____

Alarm Address: _____
(one address only) Street Address Suite/Apt/Unit #

City State Zip Code

LOCATION TYPE Residence: Business: Normal Hours Cleaning Crew

OBSTACLES OR HAZARDS

Dog(s) _____ Chemicals _____ Firearms _____ Explosives _____ Fenced Compound _____ Gate Code _____

RESPONSIBLE KEY-HOLDERS 2 other responsible persons who will respond to alarm & assist Sheriff's Office determine alarm cause & secure premises

	Keyholder 1	Keyholder 2	Keyholder 3
Name:	_____	_____	_____
Day Telephone:	() _____	() _____	() _____
Night/Cell Phone:	() _____	() _____	() _____

ALTERNATE MAILING ADDRESS

Attn: _____ Part-Time Resident? Yes _____ No _____
Address: _____
City: _____ State: _____ Zip: _____
Owner: _____ () _____ () _____
Alternate Phone Alt. Cell

ALARM COMPANY AND/OR MONITORING COMPANY

	Alarm Installation/Service Company	Alarm Monitoring Company
Company Name:	_____	_____
Phone Number:	() _____	() _____

* Please email application to FARU@sheriffleefl.org. If payment is necessary we will contact you. We accept checks, money orders and credit cards. If you need assistance please call 239-477-1244.

Applicant Signature _____ Date _____