



**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

<b>LOCATION TYPE</b>	<input type="checkbox"/> Residence:	<input type="checkbox"/> Business: Normal Hours	<input type="checkbox"/> Cleaning Crew
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**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: _____	<b>Part-Time Resident?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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
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