



Forest Park Police Department

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

Account# _____

Registration Application

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			
Occupant Name or Business Name _____			
Address _____			Suite _____
City _____	State _____	Zip _____	
Telephone1 _____		Telephone2 _____	

2 Responsible Party (Mailing Address)			
Name _____			Phone1 _____
Address _____			Phone2 _____
		Suite _____	Phone3 _____
City _____	State _____	Zip _____	Phone4 _____

3 Contact Names			
Contact 1			Phone 1 _____
Name _____			Phone 2 _____
Contact 2			Phone 1 _____
Name _____			Phone 2 _____

4 Additional Information	Date Installed/Activated _____
Special Conditions/ Hazards _____	

5 Alarm Companies	<input type="checkbox"/> Not Monitored	<input type="checkbox"/> No Alarm System Installed
Monitored By - Please include company address _____		
		Phone _____
Installed/Sold By - Please include company address _____		
		Phone _____

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 Registration / No charge for Residential Alarm Registration****