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

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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<br>Ph2 |
| PHONE 1 PHONE 2 | PHONE 1-2 |

| **CONTACT PERSON 1** | **CONTACT PERSON 2** |
|---|---|
| NAME (LAST, FIRST) | NAME (LAST, FIRST) |
| Ph1<br>Ph2 | Ph1<br>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.**