Hamilton Police Service
False Alarm Reduction Unit
155 King William Street
POB 1060, LCD1
Hamilton, ON L8N 4C1

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Please review this information for accuracy.
Please complete the CONTACT INFORMATION if none exists.
For revisions, mark through incorrect data, writing corrections above and return corrected and/or renewal forms to the FARU.

ALARM TYPE: ___Audible Siren ___Door Contacts ___Fire ___Glass Break ___Holdup ___Intrusion ___Medical ___Motion Sensor ___Panic ___Specialty ___Temperature ___Window Contacts

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, PROVINCE POSTAL CODE	CITY, PROVINCE POSTAL CODE
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	SERVICED BY
COMPANY NAME	COMPANY NAME
ADDRESS (STR # STREET NAME APT/SUITE	ADDRESS (STR # STREET NAME APT/SUITE
CITY, PROVINCE POSTAL CODE	CITY, PROVINCE POSTAL CODE
PHONE 1 PHONE 2	PHONE 1 PHONE 2

PLEASE USE THIS AREA TO ADVISE OF ANY PERTINENT INFORMATION. (i.e. pets, firearms, hazardous materials etc.)