



United Counties of Stormont, Dundas and Glengarry

Police Services Board

Return to: False Alarm Program

P.O. Box 430
Long Sault, Ontario
K0C 1P0
Tel: (613) 534-2223 ext 5302
Fax: (613) 534-2486

Application for Alarm Registration - Please send in Schedule D and Schedule F with application.

Registration Fee: \$36.00 for three(3) years GST included.

Seniors 65 and Over - FREE

Cheques Payable to: United Counties of Stormont, Dundas and Glengarry

Registration #:

Registration Date:

PREMISE INFORMATION
Company Name (or Household Name if Residential) Date of Birth over 65 Type of Business Conducted at Alarm Site
Registration Holder Name Date System Installed Registration Holder Telephone #
Address of Protected Premise (Include Civic#) Apt./Suite# City Postal Code
Premise Telephone # Fax Mailing Address if Different than above
Email Address (if applicable)

ALARM INFORMATION
Is there a set of written operating instructions for the alarm system at the alarm location:
Have ALL employees, family and key holders been instructed on the proper use of the Alarm System?
Type of Premise:
Type of Alarm System:
Purpose of Alarm
Number of Buildings on premise that are armed:
Specify:
Monitoring Company Name Address Telephone# Fax#
Installing Company Name (if different)

KEY HOLDER INFORMATION
Name Address Home Telephone Work Telephone Alternate or Cell
Name Address Home Telephone Work Telephone Alternate or Cell
Name Address Home Telephone Work Telephone Alternate or Cell

Key Holder Responsibilities.....
To receive notification of alarm activation at any time, be able to respond to the alarm site within (30) minutes when notified by the Police Service or by the alarm company to deactivate a malfunctioning alarm system, to provide access to the premises, or to provide alternative security for the premises. Ensure you notify the Alarm monitoring station of any changes to key holder information.

ON SITE HAZARD INFORMATION
Weapons, Firearms, Ammunition, Explosives on Premises (Specify)
Hazardous Materials on Premises (Specify) Bus. Hours
Watch Dog Guard on Premises Safe on Premises Video Monitoring

I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE STATEMENT OF A MATERIAL FACT MADE BY AN APPLICANT FOR THE PURPOSE OF OBTAINING AN ALARM REGISTRATION SHALL BE SUFFICIENT CAUSE FOR REFUSAL TO ISSUE A REGISTRATION.

Applicant's Name Signature Date

Police response may be based on factors such as: availability of police units, priority of calls, weather conditions, traffic conditions, emergency conditions etc.

CONFIDENTIALITY
The information collected as a result of the operation of this bylaw shall be governed by the provisions of the Municipal Freedoms of Information and Protection of Privacy Act.

Schedule "D"

Stormont, Dundas and Glengarry Police Services Board Security Alarm By-Law

Agreement of Understanding

Alarm Users

1. Alarm users are responsible for their alarm activity.
2. It is the alarm user's responsibility to ensure all persons who are authorized to use the alarm system are properly trained in both the use of the system and the requirements of keyholders under this bylaw. This includes third party users, such as subcontractors and maintenance staff.
3. It is the responsibility of the alarm user to ensure that a current, accurate list of keyholders is supplied to the alarm company and the Alarm Coordinator.
4. The alarm user must understand that the keyholders have a responsibility to attend at an alarm site if requested to do so by the alarm company or the Police Service. Their response to the scene must be as soon as practicable after the call is received.
5. To the extent that each alarm system allows, the keyholder must assist the responding officers in determining the origin of an alarm signal and its cause.
6. The keyholder must be able to provide officers access to the premise, be able to deactivate the alarm system, and secure the premise upon police departure.
7. Persons installing their own alarm systems must register the alarm system in accordance with the provisions of this by-law.

Date: _____

Alarm User _____

Alarm Co-ordinator: *Steve Perkins*

Schedule "F"

Stormont, Dundas and Glengarry Police Services Board Security Alarm By-Law

CUSTOMER FALSE ALARM PREVENTION CHECKLIST

- | Yes | No | (Check One) |
|-----|-----|---|
| ___ | ___ | I have been trained in the proper operation of the system. |
| ___ | ___ | I have been given a summary operating sheet. |
| ___ | ___ | I have been given the security system operating manual. |
| ___ | ___ | I know how to cancel an accidental alarm activation. |
| ___ | ___ | I have the cancellation code. |
| ___ | ___ | I know how to turn off motion detectors while leaving other sensors on. |
| ___ | ___ | I know how to test the system, including the communication link with the monitoring center. |
| ___ | ___ | I understand the length of the delay time on designated entry/exit doors and I believe this will provide sufficient time to get in and out of the premises. My entry time is _____. My exit time _____. |
| ___ | ___ | I have the alarm company phone number to request repair service or to ask questions about the alarm system. |
| ___ | ___ | I have been offered the option of a training/no dispatch period. |
| ___ | ___ | I understand that indoor pets can cause false alarms and I will contact alarm company to adjust the system if I acquire any additional indoor pets. |
| ___ | ___ | I know where the main control panel and transformer are located. |
| ___ | ___ | I have received an alarm sheet which describes how the alarm company will communicate with me in the event of various alarm signals. |
| ___ | ___ | I understand the importance of keeping my emergency contact information updated and I know how to do this. |
| ___ | ___ | I understand the importance of immediately advising the alarm company if my phone number changes (including area code changes). |
| ___ | ___ | I understand the importance of any other changes to my telephone service such as call waiting or a fax line or high speed internet connection. |
| ___ | ___ | I have been made aware of the alarm by-law, if any, that governs the operation of my alarm system and I will comply with applicable requirements (permits, fees, etc.). |
| ___ | ___ | I will advise the alarm company if I do any remodeling (such as extensive painting, moving walls, doors or windows). |
| ___ | ___ | I understand that certain building defects (such as loose fitting doors or windows, rodents, inadequate power, and roof leaks) can cause false alarms. I will correct these defects as I become aware of them. |
| ___ | ___ | The alarm company has given me written false alarm prevention techniques to help me prevent false alarms. |
| ___ | ___ | I understand it is my responsibility to prevent false alarms and I understand it is critical and my responsibility to assure that all users of the system (such as residents, employees, guests, cleaning people, and repair people) are trained on the proper use of the system. |

Comments:

ALARM COMPANY CUSTOMER

Print Name(s) _____

By: _____

Signature(s)/Date _____

Complete and submit to Alarm Co-ordinator.