



ALARM REGISTRATION APPLICATION

Town of The Blue Mountains
 Box 310, Thornbury, ON NOH 2P0

PREMISE INFORMATION		
Applicant's Name/ Tenant		Type of Business Conducted at Alarm Site
Owner of Property	Date System Installed	Registration Holder Telephone Number
Address of Protected Premise (Include Civic #)	City	Postal Code
Premise Telephone #	Fax #	E-mail Address (If Applicable)
Mailing Address if Different than above		

ALARM INFORMATION		
Is there a set of written operating instructions for the alarm system at the alarm location:		Yes No
Have ALL employees, family and key holders been instructed on the proper use of the Alarm System?		Yes No
Type of Premise: Residential (\$ 25.00) Commercial (\$ 50.00)	Type of Alarm System: Monitored Not Monitored Silent Audible Video Other	
Purpose of Alarm: Burglary Hold Up Duress Other: _____	Number of Buildings on premises that are armed: Please Specify:	
Monitoring Company Name	Address	Telephone # Fax #
Installing Company Name (If Different)		

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

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)			Business 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.

Signature _____ Date _____ Applicant's Name _____

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

CONFIDENTIALITY

Information collected is governed by the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*.

- **APPLICATION REGISTRATION FEE IS \$25.00 FOR RESIDENTIAL AND \$50.00 FOR BUSINESSES.**
- IF THIS IS A NEW REGISTRATION OR A NEWLY INSTALLED SYSTEM, PLEASE COMPLETE AND ATTACH SCHEDULES "E" & "F" WITH THIS APPLICATION. SCHEDULES CAN BE FOUND WITHIN THE BY-LAW.
- PLEASE MAKE YOUR CHEQUE PAYABLE TO THE TOWN OF THE BLUE MOUNTAINS, 32 MILL STREET BOX 310, THORNBURY, ON NOH 2P0.
- PLEASE NOTE: ORIGINAL DOCUMENTS ARE DESTROYED AFTER SCANNING.

OFFICE USE ONLY:

REGISTRATION #:		REGISTRATION DATE:	
ROLL #:		EXPIRY DATE:	



SCHEDULE "E"

**Town of The Blue Mountains Police Services Board
Security Alarm By-law**

INSTALLER FALSE DISPATCH PREVENTION PROGRAM CHECKLIST

YES	NO	(Check One)
		If a duress feature was installed, I thoroughly explained it and I did not use "1+" keyboard coding.
		I CONFIRM THAT THE CONTROL PANEL HAS BEEN PROGRAMMED SO THAT:
		It will not transmit more than ___ alarm signals from the same zone until manually restored at the premises. (Recommend no more than two).
		It will delay at least 15 seconds before initiating dialing on intrusion alarm signals.
		It has adequate delay time on entry/exit doors (delay of 45 seconds or more is recommended).
		A cancel code can be entered by the customer to cancel accidental alarms.
		I verified that police and fire panic buttons cause a siren or speaker to sound and that medical panic buttons cause an audible signal.
		I verified that the keypad(s) emit sufficient sound to inform occupants when an entry/exit door sensor has been triggered.
		I installed and tested standby/backup power.
		I reviewed the "Customer False Alarm Prevention Checklist" with the customer.
		I determined whether the customer had special telephone features, such as call waiting, and took appropriate steps to allow proper control panel dialing and monitoring center verification.
		I made sure the control panel was properly grounded.
		I made sure that all door and window contacts were properly selected, installed and tested. I considered loose fitting doors and windows, whether wide gap contacts were needed, and steel doors and windows. I followed the manufacturer's installation instructions.
		I made sure all glass breakage sensors were properly selected, installed and tested, I gave consideration to pets, on site noises and the general environment. I followed the manufacturer's installation instructions.
		All motion type detectors were properly selected, properly installed and tested. I gave consideration to pets, sunlight, other heat sources, and harsh environments. I followed the manufacturer's installation instructions.
		Please explain if you answered "No" to any of the above items:

Installation Technician:

Printed Name

Signature/Date



SCHEDULE "F"

**Town of The Blue Mountains Police Services Board
Security Alarm By-law**

CUSTOMER FALSE DISPATCH 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 is _____.
		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 indoors 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 remodelling (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)

Signature(s)/Date