



Security Alarm Registration Application

Town of The Blue Mountains
Enforcement Services Department
32 Mill Street, Box 310, Thornbury, ON N0H 2P0

Premises Information

Applicant Name: _____
Property Owner: _____
Address of Protected Premises: _____
Mailing Address if Different from above: _____
Type of Business (if applicable): _____
Date System Installed: _____
Number of armed buildings on premises (specify): _____
Premises Telephone Number: _____
Applicant's Telephone Number: _____
Fax: _____
E-mail: _____

Alarm Information

Is there a set of operating instructions for the alarm system at the alarm location?: Yes No
Have all employees, family, and key holders been instructed on proper use of system?: Yes No

Type of Premises: Residential Commercial
Type of Alarm System: Silent Audible Video Other
Is the Alarm System Monitored: Yes No
Purpose of Alarm: Burglary Hold Up Duress Other Specify: _____

Monitoring Company Name: _____
Monitoring Company Address and Telephone Number: _____
Installing Company Name: _____
Installing Company Address and Telephone Number: _____

On Site Hazard Information

Weapons, Firearms, Ammunition, Explosives (Specify): _____
Hazardous Materials (Specify): _____
Watch Dog Guard on Premises Safe on Premises Video Monitoring

Key Holder Information

Key Holder 1 Name: _____
Key Holder 1 Address and Telephone Number(s): _____
Key Holder 2 Name: _____
Key Holder 2 Address and Telephone Number(s): _____

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

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: 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 business, to be renewed every three years.

If this is a new registration or a newly installed system, please complete and attach Schedules E and F with this application.

Please note: Original documents are destroyed after scanning.

Office Use Only

Registration Number:		Registration Date:	
Roll Number:		Expiry Date:	

Town of The Blue Mountains

Schedule "E"

By-law No. PSB 2007 – 01

Installer False Dispatch Prevention Program Checklist (Circle Yes or No)

If a duress feature was installed, I thoroughly explained it and I did not use "1+" keyboard coding.

Yes No

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).

Yes No

It will delay at least 15 seconds before initiating dialing on intrusion alarm signals.

Yes No

It has adequate delay time on entry/exit doors (delay of 45 seconds or more it recommended).

Yes No

A cancel code can be entered by the customer to cancel accidental alarms.

Yes No

I verified that police and fire panic buttons cause a siren or speaker to sound and that medical panic buttons cause an audible signal.

Yes No

I verified that the keypad(s) emit sufficient sound to inform occupants when an entry/exit door sensor has been triggered.

Yes No

I installed and tested standby/backup power.

Yes No

I reviewed the "Customer False Alarm Prevention Checklist" with the customer.

Yes No

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.

Yes No

I made sure the control panel was properly grounded.

Yes No

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.

Yes No

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.

Yes No

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.

Yes No

Please explain if you answered "No" to any of the above items:

Installation Technician:

Printed Name: _____

Signature/Date: _____

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Schedule "F"

By-law No. PSB 2007 – 01

Customer False Dispatch Prevention Program Checklist (Circle Yes or No)

I have been trained in the proper operation of the system.

Yes No

I have been given a summary operating sheet.

Yes No

I have been given the security system operating manual.

Yes No

I know how to cancel an accidental alarm activation.

Yes No

I have the cancellation code.

Yes No

I know how to turn off motion detectors while leaving other sensors on.

Yes No

I know how to test the system, including the communication link with the monitoring center.

Yes No

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.

Yes No

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.

Yes No

I have been offered the option of a training/no dispatch period.

Yes No

I understand that indoors pets can cause false alarms and I will contact the alarm company to adjust the system if I acquire any additional indoor pets.

Yes No

I know where the main control panel and transformer are located.

Yes No

I have received an alarm sheet which describes how the alarm company will communicate with me in the event of various alarm signals.

Yes No

I understand the importance of keeping my emergency contact information updated and I know how to do this.

Yes No

I understand the importance of immediately advising the alarm company if my phone number changes (including area code changes).

Yes No

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.

Yes No

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.).

Yes No

I will advise the alarm company if I do any remodelling (such as extensive painting, moving walls, doors or windows).

Yes No

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.

Yes No

The alarm company has given me written false alarm prevention techniques to help me prevent false alarms.

Yes No

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.

Yes No

Comments:

Alarm Company Customer:

Printed Name: _____

Signature/Date: _____