



# CHATHAM-KENT POLICE SERVICE

24 Third St  
 P.O. Box 366  
 Chatham ON N7M 5K5  
 Tel: (519) 436-6600 x228  
 Fax: (519) 436-6643

## Application for Alarm Registration

- Alarm Registration - \$36 fee
- Alarm Registration Renewal - \$36
- Senior Registration (65 +) – No Charge
- Information Update or Address Change – No Charge

Registration #	Registration Date

### ALARM REGISTRATION INFORMATION

No alarm system shall be operated without a valid registration issued by the Alarm Coordinator. A separate registration is required for each alarm site. There is a \$36.00 registration fee for monitored and non-monitored residential and business alarm systems. There is no charge for the registration for applicants aged 65 years or more at the time of registration. The fee covers a three (3) year period beginning the month of registration. Registration includes two (2) non-chargeable false alarms during each twelve-month period.

An alarm user shall be subject to warnings, administrative fees and suspension of Police response depending on the number of false alarms emitted from an alarm system within each one (1) year period from the date of registration or renewal based upon the following schedule:

# Of False Alarms	Fee
1	\$0.00
2	\$0.00
3	\$100.00
4	\$100.00 + Suspension of Police response for a one (1) year period.

In addition, an alarm user whose alarm system causes a request for police response to a false alarm at non-registered alarm site (whether suspended or never acquired) will be subject to an administrative fee of \$200.00, in addition to any other administrative fees.

\*\*\* Note: For information on how to reduce false alarms, refer to the False Alarm Reduction Program Brochure or check our website at [www.chatham-kent.ca](http://www.chatham-kent.ca).

### PREMISE INFORMATION

Company Name (or Household Name if Residential)		Type of Business Conducted at Alarm Site	
Registration Holders Name		Registration Holders Telephone #	
Address of Protected Premise		City	Apt. / Suite #
		Postal Code	
Premise Telephone #	Fax	Mailing Address if Different than Above	
Email Address (if applicable)			

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Please remember to complete page 2 .....

**\*\*\* An Alarm Owner has five (5) business days to notify the Alarm Coordinator of any changes that alter any information listed in this Application for Alarm Registration. \*\*\***

ALARM INFORMATION				
Date of Alarm Installation, Conversion or Takeover of the Alarm System, which ever is applicable:				
Is there a set of written operating instructions for the alarm system at the alarm location?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have ALL employees, family and key holders been instructed on the proper use of the Alarm System?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Premise: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		Type of Alarm System: <input type="checkbox"/> Monitored <input type="checkbox"/> Not Monitored		
<input type="checkbox"/> School <input type="checkbox"/> Financial Inst.		<input type="checkbox"/> Audible <input type="checkbox"/> Silent <input type="checkbox"/> Video <input type="checkbox"/> Other: _____		
Purpose of Alarm <input type="checkbox"/> Burglary		<input type="checkbox"/> Hold up <input type="checkbox"/> Duress <input type="checkbox"/> Other: _____		
Number of buildings on premise that are alarmed: Specify: _____				
Monitoring Company Name		Address		Telephone #
Installing Company Name (if different)		Address		Telephone #
				Fax #
				Fax #
KEYHOLDER INFORMATION				
Name	Address		Home Telephone #	Work Telephone #
Name	Address		Home Telephone #	Work Telephone #
Name	Address		Home Telephone #	Work Telephone #
<b>Key Holder Responsibilities .....</b> <i>are to receive notification of alarm activation at any time, be able to respond to the alarm site within thirty (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. Please ensure you notify the Alarm monitoring station of any changes to key holder information.</i>				
ON SITE HAZARD INFORMATION				
<input type="checkbox"/> Hazardous Materials on Premises (Specify) _____				Business Hours
<input type="checkbox"/> Weapons, Firearms, Ammunition, Explosives on Premises (Specify) _____				
<input type="checkbox"/> Watch dog	<input type="checkbox"/> Guard on Premises	<input type="checkbox"/> Safe on Premises	<input type="checkbox"/> Video Monitoring	
<b>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.</b>				
_____ <i>Applicant's Name</i>		_____ <i>Signature</i>		_____ <i>Date</i>
<i>Police response may be based on factors such as: availability of police units, priority of calls, weather conditions, traffic conditions, emergency conditions, staffing levels etc.</i>				
<b>CONFIDENTIALITY</b> <i>The Information collected as a result of the operation of this bylaw shall be governed by the provisions of the Municipal Freedom of Information and Protection of Privacy Act.</i>				