City of South Haven

POLICE DEPARTMENT

90 Blue Star Highway, Suite 1 • South Haven, Michigan 49090
Telephone (269) 637-5151 • Fax (269) 637-9346

Thomas B. Martin
Chief of Police

ALARM PERMIT APPLICATION

A. Each application for a permit to maintain an alarm system shall file a written application with the South Haven Police Department stating:

1. The full legal name, address and telephone number of the applicant.

2. The name, address and telephone number of the premise where the alarm system is located.

3. A central station alarm is the only type of alarm system permissible within the city. The South Haven Police Department will respond to a central station alarm only. Any exceptions must have written approval from the Chief of Police.

4. A list of 2 contact people, including telephone number and address, who will respond to the premises in the event of an emergency, or to reset or deactivate the alarm system. The listed contact people should be able to contact the alarm user if not at the protected premises.

5. The name, address and telephone number of the person or company that installed the alarm system.

6. The name, address and telephone number of the person or company that is responsible for the maintenance and repair of the alarm system, if applicable.

B. Incomplete applications shall be returned to the applicant. A permit will not be issued until the completed application is received, and the Chief of Police has granted approval for the permit.

An application for an alarm user permit shall be denied if: The applicant has failed to comply with any of the provisions of this directive or any pertinent ordinances of the City of South Haven.

SOUTH HAVEN CITY POLICE DEPARTMENT

ALARM USERES PERMIT APPLICATION

BUSINESS/RESIDENCE NAME: _____

PROPERTY LOCATION: _____

TYPE OF ALARM: BURGLAR [ ] FIRE [ ] MEDICAL [ ]

WEAPONS ON PREMISES: IF YES, IDENTIFY TYPE AND HOW THEY ARE SECURED

_____

_____

ALARM APPLICANT NAME: _____

ALARM APPLICANT TELEPHONE: ( ) _____

ALARM APPLICANT ADDRESS: _____

_____

ALARM PROVIDER'S ADDRESS: _____

ALARM PROVIDER'S TELEPHONE: ( ) _____

CENTRAL STATION'S TELEPHONE: ( ) _____

AFTER HOURS EMERGENCY CONTACTS (REPAIR/RESETTING ALARM)

NAME: _____ TELEPHONE: ( ) _____

NAME: _____ TELEPHONE: ( ) _____

NAME: _____ TELEPHONE: ( ) _____

ALARM PERFORMANCE STANDARD: WHEN ANY ALARM SYSTEM WHICH SOLICITS RESPONSE BY THE SOUTH HAVEN CITY POLICE DEPARTMENT GENERATES SIX FALSE ALARMS IN A TWELVE MONTH CALENDAR PERIOD, THE ALARM USER SHALL BE NOTIFIED THAT ITS SYSTEM IS APPROACHING THE MAXIMUM ALLOWABLE NUMBER OF FALSE ALARMS. AFTER THREE ADDITIONAL FALSE ALARMS WITHIN THE SAME TWELVE MONTH PERIOD, THERE WILL BE NOTIFICATION OF NO FURTHER RESPONSE FROM MEMBERS OF LAW ENFORCEMENT PERSONNELL FROM THE SOUTH HAVEN CITY POLICE DEPARTMENT.

AGREEMENT: AS A CONDITION OF RESPONSE TO THE ALARM SYSTEM ON THE PROPERTY DESCRIBED ABOVE BY THE SOUTH HAVEN CITY POLICE DEPARTMENT, I HAVE READ AND AGREE TO THE PERFORMANCE STANDARDS AND PENALTIES DESCRIBED THEREOF.

OWNERS SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

APPROVAL:
CHIEF OF POLICE: _____ DATE: _____