

## **ALARM SYSTEMS**

Monitored alarm systems are required to be registered with the City of Southfield.

This has been in effect since July 1, 1991.

The Southfield Police Department tracks alarm calls when they are notified by your alarm monitoring company whether the alarm is registered or not!

If they get a call from your alarm company and the alarm is not registered, they will send you the application in the mail asking you to register.

Registration fee is \$20, renew every 3 years.

If you have 3 false alarms within a 12 consecutive month period, these false alarms are deemed excessive and abusive to public safety personnel. They will send you a bill for \$100.

If the bill is not paid they will add that amount to your tax bill.

If your alarm is not registered, you will not be denied police service if they are contacted to respond to an alarm at your home.

If you have any questions, please call the Alarm Unit of the Southfield Police Department.

Karen 248 7986-5521

**ALARM SYSTEM \* ORDINANCE #1319**  
TO BE COMPLETED IN FULL BY ALARM USER

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**ALARM USER  
OR OWNER**

\_\_\_\_\_  
Name (Last, First) or Business

\_\_\_\_\_  
Phone (Home)

\_\_\_\_\_  
Phone (Business)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Drivers License Number of Alarm Owner

**PROPERTY  
OWNER**

*MUST* be filled in  
if property is leased  
or rented.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone (Home)

\_\_\_\_\_  
Phone (Business)

\_\_\_\_\_  
Mailing (Billing) Address

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Sidwell Number (if known)

**LOCATION  
OF  
ALARM**

\_\_\_\_\_  
Address of Alarm System Installation

\_\_\_\_\_  
Apt. or Suite

\_\_\_\_\_  
Phone

**ALARM  
COMPANY  
INFORMATION**

\_\_\_\_\_  
Alarm Company ( if only audible and not monitored write audible)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

**CERTIFICATION:** *I hereby affirm that the alarm system maintained by me at the property described above is equipped with a functional automatic shut off device which silences the audible portion of the alarm not more than 15 minutes after being tripped. THIS IS REQUIRED UNDER ORDINANCE #1319*

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

I deem the information contained in this application personal and confidential in nature, and request the Southfield Police Department to exempt it from public disclosure under the Freedom of Information Act.

Complete all the information requested above and mail it to: **City of Southfield Alarm Billing Division, P.O. Box 2055, 26000 Evergreen, Southfield, MI 48037-9909.** You may personally deliver the completed form to the Police Department Records Bureau Monday through Friday from 8:30 A.M. to 5:00 P.M. located on the second floor of Public Safety Building in Civic Center Complex on Evergreen. **With your application, enclose a \$20.00 check or money order payable to the City of Southfield.** If you move, disconnect alarm or discontinue alarm monitoring service please contact Alarm Billing in writing so we can correct our records. Any questions contact the City of Southfield Alarm Billing at 796-5546. You may review or purchase a copy of Ordinance #1319 at the office of the City Clerk.

**THIS APPLICATION RENEWABLE THREE YEARS FROM DATE OF THE APPLICANTS SIGNATURE.**

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**City Council**

Donald F. Fracassi

Janna K. Garrison

Sidney Lantz

Linnie M. Taylor

Joan Seymour

Kenson J. Siver