



**Windsor Police Department
Dane County Sheriff's Office
4084 Mueller Rd.
DeForest, WI 53532**

<u>For Office Use Only</u>
Permit ID

ALARM REGISTRATION INFORMATION

Renewal

(Please Type or Print Clearly)

A non-refundable \$25.00 permit/registration fee must be submitted with each permit/registration form. Any person desiring to install an alarm after the effective date of this Ordinance, and by January 1 each year thereafter, shall first secure a permit from the Windsor Police Department/Dane County Sheriff's Office. Make check or money order payable to Village of Windsor at address above, Attention: Alarm Permit. Please, do not send cash.

A. Residential Alarm User Information: (Residential alarm users, please complete sections A and C through G.)

Alarm User Name: _____
First Name Last Name

Alarm Location: _____
Street Address City State Zip Code

Mailing Address: _____
If Different than above Street Address/PO Box City State Zip Code

Home Phone Work Phone Cell Phone e-mail

B. Commercial Alarm User Information: (Commercial alarm users, please complete Sections B through G.)

Name of Corporation, Sole Proprietor or Partners Type of Business Hours of Operation

Trade Name(s) use by Business

Alarm Location: _____
Street Address City State Zip Code

Owner or President of Business _____
First Name Last Name

Home Phone Work Phone Cell Phone

Local Manager: _____
First Name Last Name

Home Phone Work Phone Cell Phone

C. Mailing Address: (if different from location of Alarm System)

D. Contact Information: (List three people, other than the owner, who can respond to an alarm activation.)

Key Holder Information – A residence with an alarm is required by Village Ordinance to file certain information with the Windsor Police Department. Among this information is a list of three individuals who are familiar with the alarm, and who are available at any time to deactivate the alarm upon request of the Windsor Police Department. These individuals should be able to provide access to the premises if requested by the Police. Please list their names and phone numbers below.

1st Contact: _____
First Name Last Name

Home Phone Work Phone Cell Phone

Key Holder Information continued

2nd Contact: _____
First Name Last Name

Home Phone _____ Work Phone _____ Cell Phone _____

3rd Contact: _____
First Name Last Name

Home Phone _____ Work Phone _____ Cell Phone _____

E. Alarm Install/Service Company: _____

License # _____ **Contact Person** _____ **Phone** _____
(if applicable)

F. Alarm Monitoring Company: _____

License # _____ **Contact Person** _____ **Phone** _____

G. Special Conditions: (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)

Pet(s) Indoor/Outdoor Bites?

H. Alarm Type (Check all that apply)

Intrusion; Interior Motion; Holdup; Fire; Silent; Audible; Perimeter

By signing below, I represent to the Village of Windsor that the information in the application is true and correct and that I have read the Village of Windsor’s Alarm System Ordinance. If an alarm system permit is issued, I will comply with all the provisions of the Alarm System Ordinance and with applicable State Laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above property, and consent to the Village of Windsor’s administrative charges for false alarms and waive any right I may have to contest the placement of same on the tax roll as a special charge against the property.

By signing below, I acknowledge that neither registration of an alarm system nor issuance of a permit is intended to, nor will it, create a contract, duty or obligation either expressed or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By permitting/registering an alarm system, the alarm user acknowledges that police response may be based on factors such as availability of police units, priority of calls, weather conditions, traffic conditions, emergency situations and staffing levels.

Signature

Date

Note: To receive a receipt for your permit fee, please include a self-addressed, stamped envelope. If you do not include this, you will not receive a receipt.

Instructions for Completion of Alarm User Permit/Registration Form

Section A To be completed by *Residential* Alarm users only.

Alarm User Name: First and last name of the *residential* alarm user. List both spouses if applicable.

Alarm Location: Complete street address, including directional prefix and suffix, where the alarm is located. Indicate the home, work, and cell or pager (cell is preferable) numbers of the alarm user, as well as one e-mail address where the alarm user can receive correspondence. If no e-mail address is available leave blank.

Section B To be completed by *Commercial* alarm users only.

First Line: Indicate the full legal corporate name of the business. If the business is a sole proprietorship or partnership, list the name of the owner or one partner.

Second Line: List any trade names used by the business if different from the corporation name, owner or partner's last name.

Alarm Location: Complete street address, including directional prefix and suffix, where the alarm is located. Indicate the business phone number at the alarmed location.

Owner or President: List the first and last name of the president, owner or person responsible on a corporate level for the alarm system at the alarm address. Indicate the home, work, and cell or pager (cell is preferable) numbers of the business owner, president or partner, as well as one email address where this person can receive correspondence. If no email address is available leave blank.

Local Manager: List the first and last name, home, work, and cell or pager (cell is preferable) numbers and email address for the local manager at the alarm site.

Section C To be completed by both *Residential* and *Commercial* alarm users.

Mailing Address: Indicate separate mailing address if different from alarm location.

Section D To be completed by both *Residential* and *Commercial* alarm users.

Contact Information: These are persons, who should be contacted in the event of an alarm activation, who are willing and have agreed to receive notification of an alarm activation at any time, respond to the alarm site within 30 minutes, grant access to the alarm site and deactivate the alarm system if such becomes necessary. Two separate contact persons are required. Provide home, work, cell or pager (cell is preferable) numbers, as well as email addresses of contacts.

Section E To be completed by both *Residential* and *Commercial* alarm users.

Alarm Install/Service Company: List the name of the company that either installed or services your alarm system. Include the alarm company's license number, contact person and the best phone number at which to reach this individual. Check your contract or contact your alarm company for the information.

Section F To be completed by both *Residential* and *Commercial* alarm users.

Alarm Monitoring Company: List the name, license number, contact person and phone number of the company that monitors your alarm system and requests public safety dispatch on your behalf. If same as install or service company, leave blank.

Section G To be completed by both *Residential* and *Commercial* alarm users.

Special Conditions: Indicate any unusual circumstances that should be considered when responding to an alarm at the permitted alarm address such as: handicapped person(s), guard dog on site, hazardous conditions/materials, security personnel, weapons, directions to alarm site, etc. Indicate any pet(s).

Section H To be completed by both *Residential* and *Commercial* alarm users.

Type(s) of Alarms: Indicate any type of alarm on the premises.

Signature Line: *A responsible residential alarm user or the president, owner, partner, or local manager of a commercial alarm user must sign this form.*