

Mebane Police Department

Alarm Registration

Date: _____/_____/_____

Property Owner/Manager: _____

Contact Number: _____ Alternate: _____

Location of Property with Alarm: _____

Alarm Company: _____

Emergency Contact(s): -In order of calling out-

(1) _____
Name Number

(2) _____
Name Number


(3) _____
Name Number

BY SIGNING BELOW, I INDICATE THAT I UNDERSTAND THAT IF MY PROPERTY IS BREACHED AND MY EMERGENCY CONTACTS CANNOT BE REACHED OR ARRIVE AT THE LOCATION IN A REASONABLE AMOUNT OF TIME, THE MEBANE POLICE DEPARTMENT WILL MAKE ARRANGEMENTS TO SECURE THE PROPERTY-USING A THIRD PARTY, SUCH AS A GLASS COMPANY OR LOCK SMITH, AND I WILL BE RESPONSIBLE FOR PAYING FOR THE SERVICES. THE POLICE DEPARTMENT WILL MAKE EVERY EFFORT TO WAIT A REASONABLE AMOUNT OF TIME BUT CANNOT STAND BY A SCENE TO SECURE INDIVIDUAL PROPERTY INDEFINATELY. IF YOU OWN A BUSINESS OR HOME WITH AN ALARM, THE MEBANE POLICE DEPARTMENT SUGGESTS YOU DEVELOP A RELATIONSHIP WITH A VENDOR WHO WILL RESPOND TO REPAIR OR SECURE YOUR PROPERTY. YOU MAY LIST THEM BELOW:

Preferred Glass Vendor: _____
Name Emergency Number

Preferred Locksmith: _____
Name Emergency Number

IN ADDITION, THE FOLLOWING CITY ORDINANCES APPLIES:

Sec. 6-164. - Recoupment charge for false alarms.  (a) *Excessive false alarms.* Five (5) or more false alarms within a calendar year are excessive.(b)*Failure to respond.* If a key holder does not respond within 30 minutes of the alarm, this failure to respond will be considered a false alarm.

(c)*Recoupment of response costs.* Excessive false alarms for any alarm system within a permit year shall subject the alarm user to a charge designed to partially recoup the costs of response, said charges shall be assessed in accordance with the following schedule:

<u>Number of False Alarms</u>	<u>Fire/Police Excessive Response Charge</u>
Five or more times in one year	\$100.00
Two in a 24 hour period	\$100.00
More than 2 in a 7 day period	\$100.00

Property Owner/Manager Signature: _____

MPD Employee Receiving Form: _____ Date: _____