The attached document has been formulated to assist the alarm industry in opening a dialogue with the local law enforcement community.

The most successful efforts in alarm reduction have been in communities where law enforcement, the alarm industry and alarm users work together toward a solution. The hardest part of establishing this open dialogue is the first step, that initial contact between the industry and law enforcement.

If the attached document is used, members of the industry can be assigned an agency to contact and, in essence, fill in the blanks. It should then be that person's responsibility to maintain frequent contact with the agency and report back to the local association.

It should be the goal of every state association to complete this document on every agency in their state.

In addition the ordinance review section of the document can be used to solicit assistance from SIAC and other groups when an agency intends to pass an alarm initiative that is contrary to the tried and proven techniques as documented in the Model States Report.

Experience has taught us that the best way to formulate a good false dispatch reduction program is for the alarm industry to initiate the process through contact with law enforcement.

If additional information is required please contact the following persons:

**Security Industry Alarm Coalition (SIAC)**
**Ordinance questions:**
Ron Walters, 954-431-4552, ron@siacinc.org

**Security Industry Alarm Coalition (SIAC)**
**Executive Director:**
Stan Martin, 972-377-9401, stan@siacinc.org
Municipality Background

Municipality Name: ____________________________________________

In order to coordinate response to a problem area, the questions within this document need to be completed in as much detail as possible and communicated to Ron Walters, ron@siacinc.org

(Circle One)

- Is there a local/ state alarm association?  Yes  No
- Is the local/ state association a Chapter of the NBFAA?  Yes  No
- Does the local/ state association have an Executive Director?  Yes  No
- Does the local/ state association have a lobbyist?  Yes  No
- Does the local/ state association have an attorney?  Yes  No
- Is there an existing false alarm ordinance?  Yes  No
- Is the municipality considering a non or verified response policy? Yes  No
- Is the municipality considering an ordinance or amendment with Non or Verified Response as a part of the ordinance?  Yes  No

(Fill In The Blanks)

Name(s) of local leadership that is willing to work the issue:

Name:  Phone:  E-Mail

Law Enforcement Agency Background

Chief Law Enforcement Official (CLEO): ________________________________.

Is CLEO elected or appointed? ________________________________________.

If elected, when is re-election?  How long is term?  ________.

Who does CLEO answer to? ____________________________________________.

Is there a board or committee that reviews police policies?  Yes  No

If yes, name of the Board or Committee: ________________________________.
# MUNICIPALITY FACT SHEET

<table>
<thead>
<tr>
<th>Municipality Name</th>
<th>Date</th>
<th>Web Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population:</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Of Businesses:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is municipality a (circle one):  
- City
- County
- Other: _______________________

Government Type (circle one):  
- Strong Mayor
- Strong Manager
- Other _______________________

## ELECTED OFFICIALS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>Phone</th>
<th>Term/ Election</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/ County Attorney Name</td>
<td>Phone</td>
<td>Elected/ Appointed</td>
<td></td>
</tr>
<tr>
<td>City/ County Mayor Name</td>
<td>Phone</td>
<td>Elected/ Appointed</td>
<td></td>
</tr>
<tr>
<td>City/ County Managers Name</td>
<td>Phone</td>
<td>Elected/ Appointed</td>
<td></td>
</tr>
</tbody>
</table>

Most of the information necessary to complete this document is available via the Internet. If formation is not available through electronic means a phone call to the municipality will usually get you all the information that you need.
# ALARM ORDINANCE REVIEW GUIDELINES

## Section I. F.A.N. Committee:

Name of Municipality: _______________________________________________

The following False Alarm Network Industry Member(s) are involved in the review of this ordinance:

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Phone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

The following FAN Law Enforcement Member(s) are involved in the review of this ordinance.

|                                      |                 |
|                                      |                 |

## Section II. Review Process Critical Dates:

A. Date that ordinance was given to you for review:______________________________

B. Who initiated this review? __________________________________, __________

C. At what stage is the process? (Circle any that apply)

- Draft, Review Only.
- First Reading.
- Public Hearing.
- Final Reading.

E. Schedule:

1. Target Completion Date: __________,

2. Target Date to Submit to Legislators: __________.

3. Other Important Dates:________________________________________

4. Date that you completed your review:_________________________________
SECTION III.

A. Agency Information:

Agency Name: __________________________________________________________

Address: __________________________________________________________________

Chief/ Sheriff Name: _______________________________________________________

Contact Name: ________________________________ Title: ________________

Contact Phone: _________________________ Fax: ____________________________

E-mail: __________________________________________________________________

B. Jurisdictional Background Information:

Name of Jurisdiction: __________________________________________________________

Population: _____________________  # Sworn Officers: ________________________

Is this Legislation?
✓ New Legislation.
✓ Amendment to existing legislation (Year Originally Passed) ______________
✓ Who initiated this legislation? Circle best answer.
   Legislator        Chief/ Sheriff        Other__________________________________

Section IV. Jurisdiction History

Dispatch History and Alarm Factor:

# _______________ of registered alarm users ________________ (if known).

# _______________ of alarm calls responded to in ________________ (year).

Current overall alarm factor for agency. Divide the number of responses by the

number of permitted alarm users = ________________ factor.

Repeat for as many years as you have statistics.
Section V. Best Practices:
(Check All That Apply and Answer All Questions)

A. Registrations: Yes ____  No ____
   1. If yes, how much? $__________. 00

B. Renewals: Yes ____  No ____
   1. Annual Fee $__________. 00
   2. Other:_______________________________ Fee:  $__________. 00

C. Agency will accept dispatch cancellations prior to officers’ arrival at the premises with no penalty to user or company?
   1. Yes _____  No _____
   2. If other than yes, what is cancellation policy? ____________________________
      ____________________________

D. Staffing,
   Full Time: _____    Part Time: _____    Sworn: ____    Non-Sworn: _____

E. Alarm Users School? Yes _____  No ____

F. Fines: Escalating and Meaningful? Yes ____  No_____.
   1st:  $__________. 00   6th:  $__________. 00
   2nd:  $__________. 00   7th:  $__________. 00
   3rd:  $__________. 00   8th:  $__________. 00
   4th:  $__________. 00   9th:  $__________. 00
   5th:  $__________. 00   10th $__________. 00

G. Restricted Response? Yes _____  No _____
   1. If Yes, at what point? _________________________________________.
   2. Appeal process? Yes _____  No_____.

H. Best Description of the level of cooperation between the industry and agency/jurisdiction. Check the answer that best describes the relationship.
   - Full and complete cooperation and interaction.
Non-adversarial relationship, but not totally open.

Adversarial Relationship.

No interaction or cooperation between the industry and agency.

Openly hostile relationship between the industry and agency.

I. Required Call Verification required prior to dispatch on intrusion alarms.
   Yes _____    No _____

J. Agency will notify the alarm user on every response?
   Yes _____    No _____
   If yes, how will notification take place?
   A. Door Hanger.
   B. Mail.
   C. Registered Mail.
   D. Other:_____________________________________________.

K. Billing and Tracking Software.
   The agency has, or intends to have, software that will track dispatches and handles billing of fines and fees.   Yes _____    No _____

Section VI. DEFINITIONS:

I/we, have checked all of the definitions in the ordinance against the Model Alarm Ordinance and verified them to be accurate.

I/we, have checked this ordinance and have found conflicts in the definition section of the document. I have included with this review a list of any terms or words with definitions that were in conflict with the Model Alarm Ordinance.

Section VII. CONFLICTS:

I/we, have reviewed this ordinance and have found nothing that is in conflict with the Model Ordinance.

I/we, have reviewed this ordinance and found the following (please attach all pertinent data) conflicts between this legislation and the Model Ordinance.
Section VIII. FINING OF ALARM COMPANIES

Quoting from the combined resources of the False Alarm Reduction Association, FARA and the National Burglar and Fire Alarm Association, NBFAA, in the following circumstances it is considered acceptable to fine alarm companies;

According to the NBFAA/FARA (False Alarm Reduction Association) Model Burglar Alarm Ordinance, It is appropriate to fine the alarm companies under these three circumstances:

1. If the officer responding to the false alarm determines that an on site employee of the alarm company directly caused the false alarm. In this situation this will not be counted against the alarm user.

2. If the alarm administrator determines the existence of a consistent pattern with regard to verification or written policy against verification, the Alarm Company can be issued a civil citation for failure to verify. To verify means an attempt by the alarm company, or its representative, to contact the alarm site by telephonic or other electronic means, whether or not actual contact with a person is made, before requesting law enforcement dispatch, in an attempt to avoid an unnecessary alarm dispatch request.

3. If the alarm administrator determines that an alarm company employee made a false statement concerning the inspection of an alarm site or the performance of an alarm system.

I have reviewed the ordinance and there are no instances, other than the three listed above, where alarm companies are fined.

I reviewed the ordinance and the following areas not listed above, call for fining or penalizing of alarm companies.

1. ______________________________________________________________________

2. ______________________________________________________________________

3. ______________________________________________________________________

4. ______________________________________________________________________
SECTION IX: INFORMATION SUPPLIED TO AGENCY OR JURISDICTION:

The following materials were provided to ___________________________ of _____________________________ on, _____/ _____/ __________.

- Model States Report
- Model Ordinance
- FAAP Software Disk
- SIAC Resource CD
- Other: _________________________________________________.

SECTION X. OUTSIDE ASSISTANCE:

- After reviewing the ordinance, and meeting with the authority having jurisdiction, I/we, have determined that this ordinance is in conflict with the Model Ordinance and the agency/industry relationship does not indicate that a favorable compromise can be reached between the parties. A copy of this review, along with all other supporting documentation, has been forwarded to (Please be specific as to name, date and organization you notified):
  - State Alarm Association
  - National Burglar and Fire Alarm Association, NBFAA
  - Security Industry Alarm Coalition, SIAC
  - Other: _____________________________________________
  - Other: _____________________________________________
  - Other: _____________________________________________

FOR ADDITIONAL ORDINANCE REVIEW INFORMATION OR QUESTIONS CONTACT:

SIAC – Ordinance Review Support
Ron Walters
13173 NW 19 Street
Pembroke Pines, FL 33028
(954) 431-4552
ron@siacinc.org