

# City Code Summary

## Chapter 4, *Health and Safety*, Section 3, *Alarm Systems*

West Des Moines City Code Chapter 4, *Health and Safety*, Section 3, *Alarm Systems*, contains the following provision of which you need to be aware.

- All alarm systems, which are designed to signal an alarm within the City of West Des Moines, must be registered with the West Des Moines Finance Department. The one-time Registration fee for an alarm system is ten dollars (\$10.00).
- There are three categories of false alarms:
  - Error or Mistake: Any action by any person, firm, corporation or other entity owning or operating any dwelling, building, or place, or any action by an agent or employee of said person, firm, corporation, or any other entity which results in the activation of an alarm system when no emergency exists.
  - Malfunction: Any unintentional activation of any alarm system caused by a mechanical malfunction, flaw in the design, installation, or maintenance of the system. This shall **not** include any activation caused by extraordinary violent conditions of nature such as tornadoes, floods and earthquakes.
  - Intentional Misuse: Any intentional activation of an alarm system when no burglary, hold-up, fire or other emergency exists or is in progress.
- Security alarms that are cancelled by the alarm company or the party responsible for the activated security system, before the responding police officer arrives at the scene will not be classified as a false alarm. However, if an alarm has been cancelled three (3) times during the same thirty (30) day period (month), the 4<sup>th</sup> alarm will constitute a false alarm. Fire alarms are excluded from this statute because it is the policy of the fire department to respond to and investigate all fire alarms.
- Where an alarm system actuates excessive false alarms and thereby constitutes a public nuisance, the maximum permissible number of false alarms is three (3) per calendar year. New alarm installations shall be granted a thirty (30) day break-in and adjustment period prior to falling within the provisions of this subsection;
- A service charge shall be made for each false alarm beyond the number permitted. The service charge for each false alarm shall be:

Three (3) or less false alarms in one calendar year:.....	\$0 service charge
Four (4) false alarms in one calendar year:.....	\$50.00 service charge
Five (5) false alarms in one calendar year: .....	\$100.00 service charge
Six (6) or more false alarms in one calendar year: .....	\$100.00 service charge for each occurrence
- West Des Moines City Code requires all alarm monitoring companies collect a monthly monitoring fee from costumers whose alarms they monitor. Monitoring fees will be \$1.00 per month for residential dwellings and \$2.00 per month for commercial establishments. These monitoring fees collected by the alarm monitoring companies will be remitted the West Des Moines Finance Department Office on a quarterly basis.

A copy of the City Code chapter that pertains to false alarms may be obtained in the City Clerk's office located at 4200 Mills Civic Parkway or on the internet at [www.wdm.iowa.gov](http://www.wdm.iowa.gov).





# City of West Des Moines

Attn: Finance Department  
PO Box 65320 (mailing address)  
4200 Mills Civic Parkway, Suite 2B (in person)  
West Des Moines, Iowa 50265-0320  
(515) 222-3609 · fax (515) 222-3640

## ALARM SYSTEM REGISTRATION

This document must be filed in the Finance Department Office before any alarm system is activated.

\_\_\_\_\_ **New Alarm System Registration Fee of \$10.00 (one-time fee)**

Please make your check out to the City of West Des Moines

\_\_\_\_\_ **Updated Information Only**

Date \_\_\_\_\_

### I. Location Type *(check one):*

\_\_\_\_\_ Commercial Establishment

\_\_\_\_\_ Private Residence

\_\_\_\_\_ Other – Explain: \_\_\_\_\_

### II. Alarm location:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Alarm owner or responsible party *(if different from alarm location):*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### III. Contact persons in the event of an alarm - *(list at least two):*

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_

Address \_\_\_\_\_ Phone #2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_

Address \_\_\_\_\_ Phone #2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_

Address \_\_\_\_\_ Phone #2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*\*Complete Reverse Side\*\***

**IV. Alarm Function** (check all that apply):

Burglary \_\_\_\_\_ Panic \_\_\_\_\_ Fire \_\_\_\_\_ Carbon Monoxide \_\_\_\_\_ Hold-up \_\_\_\_\_

**V. Alarm Sales/Installation Company:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**VI. Monitoring Information:**

\_\_\_ This alarm is **not** commercially monitored by an external party

\_\_\_ This alarm is commercially monitored by the company listed above in section **V**.

\_\_\_ This alarm is commercially monitored by the following company:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**VII. Hazards:**

Does the premise contain any special hazards (i.e. hazardous materials, dangerous animal, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the nature and location of the hazard: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all information provided on this Permit Registration is true and correct. I have read and understand the summary of West Des Moines City Code Chapter 4, *Health and Safety*, Section 3, *Alarm Systems* contained therein. I agree to abide by the Code and all amendments.

X \_\_\_\_\_  
Signature of alarm owner or responsible party

\_\_\_\_\_  
Date