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 4th 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 customers 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.
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):

   Phone #1________________________ Phone #2________________________
   Name_________________________________________ Phone________________________
   Address_________________________________________ Apt/Unit #________________
   City_________________________ State_________ Zip___________

   Phone #1________________________ Phone #2________________________
   Name_________________________________________ Phone________________________
   Address_________________________________________ Apt/Unit #________________
   City_________________________ State_________ Zip___________

   Phone #1________________________ Phone #2________________________
   Name_________________________________________ Phone________________________
   Address_________________________________________ 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