



STARKE COUNTY SHERIFF'S OFFICE SHERIFF JACK ROSA

Telephone: (574) 772-3771
Fax: (574) 772-7641

5435 E. State Road 8
Knox, Indiana 46534

RE: Alarm Systems

The Board of Commissioners of Starke County, after consultation with the Starke County Sheriff, and after investigations into the ordinances and practices currently in effect in other counties in the State of Indiana, have determined that false alarms are incurring a significant cost and burden in law enforcement, first responders and fire departments in Starke County; and therefore have desire to reduce the number and frequency of false police and fire alarms originating the in residences and business in the county; and have determined that the registration and control of alarm systems allows for more safe, prompt and reliable dispatch of emergency personnel by advocating minimum standards for the use of alarm systems in the county and by facilitating the creation of a database of registered alarm systems in the county for use by public safety agencies;

Now therefore, be it ordained as follows:

Starke County Commissioners Ordinance 2019-08; Alarm Systems Regulation Ordinance can be located for review on our website: co.starke.in.us under tab quick links, ordinances, ordinances 2019.

Section 8(a) The person in control of an alarm systems shall be subject to warning and fines depending on the number of false alarm notifications emitted from an alarm system within a year period.

Please be advised that this is notification of your false alarm and the action taken is a written notice; although you are subject to a fine of \$100 for non-registration of alarm system; Section 8(c). Please remit the \$40 registration fee to Starke County Sheriff's Office within 30 days to avoid any additional fines and include the attached paperwork for full registration of alarm.

Starke County Sheriff's Office
Att: 911 Director
5435 E State Rd 8
Knox, IN 46534

If you are wishing to appeal the notice please refer to section 10(a) and submit written notice within 10 business days.

Thank you for your direct attention to the matter.


Jack Rosa, Sheriff

"LOYALTY AND PRIDE"



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Starke County Alarm System Registrations Form

This form is used to register alarm systems. A one-time, non-refundable \$40 fee must be submitted with the initial registration for each individual address. If you have previously registered your address and paid the fee, and are only updating your alarm/monitoring company or contact information at this time, no fee is required.

INITIAL REGISTRATION _____

UPDATE REGISTRATION _____

Alarm User Information (Alarm Location):

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ Zip Code: _____

Is this alarm **RESIDENTIAL** _____ **BUSINESS** _____

Business Name if applicable: _____

Alarm Location Phone # () _____ Cell Phone # () _____

Additional Contact Person(s)

Last Name: _____ First Name: _____ Cell Phone# () _____

Last Name: _____ First Name: _____ Cell Phone# () _____

Last Name: _____ First Name: _____ Cell Phone# () _____

Mailing Address (If different than Alarm location listed above):

Street Address: _____ City: _____ Zip Code: _____

Special Conditions (i.e. Hazardous Materials, Dog on Premises, Handicapped Person, etc.)

Alarm Company Information/Alarm Monitoring Service

Company Name: _____

Address: _____

City, State and Zip Code: _____

Company Phone Number _____

Alarm User's Signature: _____

Date: _____