

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM  
10910 Clarksville Pike  
Ellicott City, MD 21042

Circular No. 23  
Series 2017-2018

August 29, 2017

Chief Operating Officer

Burglar Alarms

TO: All Staff

FROM: Chief Operating Officer

Please find attached a form provided by the Howard County Police Department. Please complete this form and submit it to the Office of the Chief Operations Officer, by **August 24, 2018**. Retain a copy of it for your records. In the event of an alarm, security technicians from the maintenance department will continue to be the first point of contact. If security technicians are unavailable, staff will be contacted as designated by your submittal.

The Office of the Chief Operating Officer will supply the list of names to Howard County Police Communications. If you have any changes in personnel or information during the year, **you must submit them immediately to:**

1. Howard County Police Communications  
3430 Court House Drive  
Ellicott City, MD 21043
2. Chief Operating Officer
3. Manager Building Services

We need your help with our effort to prevent false alarms. Please be reminded to make every effort to make sure staff are properly trained on the operation of the burglar alarm system. Also, please be aware that false alarms also can result from doors and windows being left open and from hanging mobiles.

If you have any questions, please contact the Office of the Chief Operating Officer at 410-313-1550.

Attachment

TS/ew



**HOWARD COUNTY POLICE DEPARTMENT  
 AUTOMATED ENFORCEMENT DIVISION  
 3410 COURT HOUSE DRIVE ELLICOTT CITY MD 21043  
 410-313-6199 FAX 410-313-5771**

**1. SCHOOL NAME/COUNTY OFFICE (AT ALARM ADDRESS)**

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STREET NUMBER	STREET NAME			
UNIT #	CITY	STATE	ZIP CODE	
MAIN OFFICE PHONE	SECOND PHONE NUMBER AT LOCATION			

**2. MAILING ADDRESS (IF DIFFERENT FROM ALARM LOCATION)**

STREET NUMBER	STREET NAME			
SUITE/ROOM#	CITY	STATE	ZIP CODE	

**WHO SHOULD FALSE ALARM LETTERS BE DIRECTED TO?** \_\_\_\_\_

**3. LIST 3 PEOPLE TO CONTACT IN THE EVENT OF AN ALARM. 3 NAMES MUST BE PROVIDED**

FIRST NAME	LAST NAME	
HOME PHONE	WORK PHONE	CELL PHONE
FIRST NAME	LAST NAME	
HOME PHONE	WORK PHONE#	CELL PHONE
FIRST NAME	LAST NAME	
HOME PHONE	WORK PHONE	CELL PHONE

One of these representatives will be contacted if your school or office has more than two false alarms during a 12-hour shift.

~~Please select a 3-5 letter Cancellation code for your school or office:~~

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**IMPORTANT NOTE: PLEASE ENSURE THAT YOUR EMPLOYEES KNOW THE SPECIFIC CANCELLATION CODE FOR YOUR SCHOOL OR OFFICE LOCATION AND REVIEW GUIDELINES ON HOW TO AVOID FALSE ALARMS.**

**If there is an alarm at this location and it is determined by employees on scene to be a false alarm, the employee must call Howard County Police Communications at 410-313-2929, advise the Dispatcher of their location, the unique cancellation code for the location, and their full name and date of birth. Upon receiving all of this information, the Dispatcher will cancel the police response.**

**Who else has access to your building/office/school after regular hours or on weekends? (list name(s) and organization(s) and contact number(s))**

**I do solemnly declare and affirm under the penalties of perjury that the contents of this registration are true and correct.**

\_\_\_\_\_  
 ADMINISTRATOR/PRINCIPAL (signature)

\_\_\_\_\_  
 DATE

