

**AUDIBLE INTRUDER ALARMS  
NOTIFICATION TO SOLIHULL METROPOLITAN BOROUGH COUNCIL**

**FORM A**

- i. The 'Control of Noise (Code of Practice on Noise from Audible Intruder Alarms) Order 1981' (Statutory Instrument 1981 No 1829) gives guidance on methods for reducing the incidence of nuisance caused by the ringing of alarms. If you permit your alarm to ring unnecessarily action may be taken against you under Section 80 or 82 of the Environmental Protection Act 1990. It is therefore in your own interest to adhere to the procedures set out in the Code of Practice, which can be purchased at Government bookshops or through booksellers.
- ii. The alarm holder should within 48 hours of installing a new alarm system or of taking over an existing one, notify this authority of the names, addresses and telephone numbers of at least 2 key-holders. It would also be helpful if you could notify the local authority of changes in nominated key-holders within 24 hours.
- iii. This form may be used to give us details of key-holder arrangements in the case of a new installation or to notify us of a change in an alarm-holder or key-holder in the case of an existing installation.

To: Environmental Health, Solihull Metropolitan Borough Council, Places Directorate  
P O Box 1833, Council House, Solihull B91 9DZ

As the person responsible for the audible alarm system installed at the premises indicated at (2) below, I wish to notify you that the names and addresses of my nominated key-holders are those shown at (4) below. I undertake that one or other of them will always turn out and will take responsibility for silencing the alarm within 20 minutes, or such longer time as may be agreed with you in writing, from receiving notification that the alarm is ringing.

Signature ..... Date .....

The undertaking you are asked to give is in accordance with paragraph 5.1 of the code of practice.

**1. Nature of Installation** (please tick the appropriate box)

New Installation [    ]

Existing Installation [    ]

**2. Premises at which the alarm is installed**

Address .....

.....

Occupants Name .....

**3. Person responsible for the alarm (the owner)**

Name	Home address & Tel No	Business Address & Tel No
	Tel:	Tel:

**4. Name of key-holder (one of whom may be the owner)**

Name	Home Address & Tel No	Business Address & Tel No
A.	Tel: Mobile:	Tel:
B.	Tel: Mobile:	Tel:

Unless otherwise requested, key-holder A will normally be contacted first.

Details of any additional key-holders should be added at the end of the form

**5. Alarm Owner** (if different from 3. E.g. a security company)

Name.....

Address .....

Telephone.....

**6. Alarm Maintenance Contractor** (if different from 5)

Name.....

Address .....

Telephone .....

SIGNED..... DATE .....

**PLEASE RETURN IN THE PREPAID ENVELOPE**

Environmental Health  
Solihull Metropolitan Borough Council  
Places Directorate  
P O Box 1833  
Council House  
Solihull  
B91 9DZ