

DeKalb County Fire Department
False Fire Alarm Call Report

Exhibit 34

Date- _____ Dispatched time- _____ Time of arrival- _____ Time of Departure- _____

Home/Business owner's name- _____

Address of alarm- _____

Name of Alarm Company- _____

Was Key Holder present when you arrived? _____ If not, time of arrival: _____

Was Key Holder on scene within 30 minutes of **YOUR ARRIVAL TIME**? _____

Key Holder's name, address and phone number- _____

Was this a false alarm? _____ Reason for the alarm? _____

Was this a legitimate alarm? _____ Reason for the alarm? _____

Did alarm result from testing or maintenance without prior notice to DeKalb 911 Dispatch? _____

If yes, 911 operator confirming non-contact: _____

Was fire report filed by Fire Officer/Firefighter? _____ Who? _____

Number of firefighting personnel responding: _____

Other remarks: _____

Fire Officer/Firefighter Signature: _____ Date: _____

For Fire Department Use Only

of previous occurrences: _____

Check applicable action: (actions for testing/maintenance/owner responsibility infractions to be noted in "other actions")

___ 1st, verbal notice given by (name official) _____ date _____

___ 2nd, written notice mailed by (name of official) _____ date _____

___ 3rd, \$50 fee assessed and notice mailed by (name of official) _____ date _____

___ 4th, \$50 fee plus cost assessed and notice mailed by (name of official) _____ date _____

___ Other actions: _____

Date fees delivered to County Mayor's Office for deposit: _____ Delivered by: _____

Disposition (check one): _____ paid within 30 days _____ not paid within 30 days _____ appealed