# **False Alarm Appeal Form**



Eureka Police Department Attn: False Alarm Billing 604 C Street Eureka, CA 95501 PH: (707) 441-4095 FAX: (707) 441-4387 http://fams.wincitex.com/city/eureka

An alarm system owner who receives a notice of false alarm activation and believes that notice of false alarm activation was improperly assessed may appeal the assessment in writing to the Eureka Police Department. To appeal a false alarm, a written request for appeal must be received within 30 days of the invoice date.

You may appeal a false alarm in the following situations:

- 1. An actual crime occurred but was not discovered at the time of police response.
  - A police report <u>must</u> be filed with the Eureka Police Department. Please contact Eureka Police Department Non-Emergency at (707) 441-4060.
  - b. Include the new case number when filing the appeal.
- 2. Multiple alarm activations occur that were caused by a system malfunction.
  - a. The system **<u>must</u>** be repaired and no further false alarms occur 30 days after the repair.
  - b. The appeal <u>must</u> include repair documentation from your alarm company.
- 3. The false alarm was caused by an electrical storm or a power/phone connection interruption beyond your control.
  - a. The appeal <u>must</u> include documentation such as a weather report or Utility Company Service Interruption Report.

Please send your appeal by mail, fax or email to the Eureka Police Department, Attention: False Alarm Billing. Please ensure the permit number and invoice(s) are referenced in the appeal.

If the false alarm is determined to be non-chargeable, the false alarm will be removed from the alarm owner's false alarm record and no payment will be required. If payment has been submitted, a refund will be processed.

# **False Alarm Appeal Form**

### **Please Clearly Print or Type**

False Alarm Information	
Alarm Owner's Name:	
Business Name (if applicable):	
Address of Alarmed Location (Street, City, Zip):	
Alarm User Permit Account Number:	
Date of False Alarm(s):	
False Alarm Invoice Number(s):	
Contact Phone Number:	
Contact E-Mail Address(es):	

#### **Reason for Appeal:**

Criminal Activity (<u>must</u> include police report and/or pictures of attempted break-in or damage).

□ Mechanical Malfunction (<u>must</u> include repair documentation from your alarm company).

 $\Box$  Weather Related (<u>must</u> include weather report).

Utility Failure (<u>must</u> include report from electric, phone and/or cable provider confirming outage).

### **Brief Explanation:**

I hereby declare:

- □ I have read and understand the City of Eureka Police Department false alarm appeal guidelines
- $\Box$  I am the owner of the alarm system or have specific approval of the owner to act as an agent for this appeal
- □ I have examined this appeal and to the best of my knowledge and belief, the appeal is true, correct and a complete statement of all evidence to be considered.

Authorized Signature:

Date: