



CITY OF TEMPE

Police Department - Alarm Unit

NO PAYMENT MAIL TO: **PAYMENT MAIL TO:**

P.O. Box 5002 MS 05-1

P.O. Box 52141

Tempe, AZ 85280-5002

Phoenix, AZ 85072-2141

PH: (480) 350-8778 FAX (480) 350-8206

Website: <https://www.tempe.gov/alarms>

Email: alarm_program@tempe.gov

False Alarm Appeal Form

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 Tempe Police Department Alarm Unit. To appeal a false alarm, a written request for appeal must be filed with the Alarm Unit within 15 days of receiving the false notification.

False Alarm Definition:

False alarm means the giving, signaling or transmission to the city, by telephone, word or otherwise, that an emergency, unauthorized entry, unlawful act, fire or other emergency exists when such fire, entry, act or emergency does not in fact exist.

False alarm appeals must be received within 15 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. A police report **must** be filed with the Tempe Police Department. Please contact Tempe Police Department Non-Emergency at (480) 350-8311.
 - b. Include the new case number when filing the appeal.
2. Multiple alarm activations occur from the same device/zone that were caused by a system malfunction.
 - a. The system **must** be repaired and no further false alarms occur 30 days after the repair.
 - b. The appeal **must** include repair documentation from your alarm company.
3. The false alarm was caused by a power/phone connection interruption beyond your control.
 - a. The appeal **must** include documentation from a utility company showing the date of the outage. Documentation must include the start and end time of the service interruption.

Please send your appeal by mail, fax or email to the Tempe Police Alarm Unit. 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.

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):	

CHECK THIS BOX TO RECEIVE ALARM NOTIFICATIONS VIA EMAIL (please add our email address to your safe sender's list)

Reason for Appeal:

- Criminal Activity (**must** include police report and/or pictures of attempted break-in or damage).
- Mechanical Malfunction (**must** include repair documentation from your alarm company).
- Utility Failure (**must** include report from electric, phone and/or cable provider confirming outage).

Brief Explanation:

I hereby declare:

- I have read and understand the City of Tempe Police Department false alarm appeal guidelines
- 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: _____