

**ORANGE POLICE DEPARTMENT** 

ALARM ASSESSMENT APPEAL PETITION



If you feel that you were unjustly charged for a false alarm based on cause or exemption under False Alarms (City of Orange Ordinance Chapter 9.04) and would like to have the charge reconsidered, please complete all requested information and submit to the Alarm Coordinator at the address below. Your appeal will be reviewed by the Chief of Police or his designee and you will receive a notice of determination.

## PLEASE PROVIDE AS MUCH JUSTIFICATION DETAIL AS POSSIBLE INCLUDING ANY WORK ORDER/SERVICE CALL DOCUMENTATION, VIDEO OR PICTURES. If you have any questions, please contact the Alarm Coordinator at (714) 744-7501 or by EMAIL: chperez@orangepd.org

ALARM ADDRESS and/or CUSTOMER NUMBER:				
Name:		Phone Number:		
Street Address				
City:	State:	Zip Code:		
Mailing Address (if different from above):				
City:	State:	Zip Code:		
Date of Alarm Being Appealed:	Invoice #	Amount being Appealed:		
Reason for Appeal (please explain in detail):				
Has your alarm company been notified?	Yes No			
Signature:		Date:		

For Office Use Only				
Approved	Your fees of \$		Your fees have not been waived.	
Denied	been waived and your ne	ew balance	Your fees have been reduced from \$to \$	
Ву:			φτυ φ	
Date:			Please remit payment to: City of Orange False Alarm Receivables 300 E Chapman Ave Orange, CA 92866	

## SUBMIT SIGNED, COMPLETED FORM TO:

Orange Police Department Alarm Coordinator 1107 N Batavia Orange, CA 92868

or Email: <a href="mailto:chperez@orangepd.org">chperez@orangepd.org</a>