



Payson Police Department
303 N. Beeline Highway, Payson, AZ 85541
Phone: (928) 474-5098 Fax: (928) 474-5242
Email: Paysonpd@paysonaz.gov

False Alarm Review 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 Payson Police Department Alarm Unit. To appeal a false alarm, a written request for review must be filed with the Alarm Unit no later than the delinquent date for payment of the assessment for which review is being sought. Requests received after the delinquent date will be considered untimely and review will be waived.

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.

Grounds for alarm service charge reduction or waiver are as follows:

1. An actual crime occurred but was not discovered at the time of police response.
 - a. A police report must be filed with the Payson Police Department. Please contact Payson Police Department non-emergency line at (928) 474-5177.
 - b. Include the new case number when filing the appeal.
2. A series of concurrent alarm activations within 48 hours which were caused by a common cause which could not have been corrected within a reasonable amount of time.
 - a. The system **must** be repaired and no further false alarms occur 30 days after repair.
 - b. The request must include the action taken to rectify the cause and any 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 service interruption.

Please send your request for review by mail, fax, or email to the Payson Police Department 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 good cause for relief is not shown, the service charges for false alarm will be due and payable upon receipt of the notice of review outcome.

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 (**must** include police report number).
- Mechanical Malfunction (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 Town of Payson 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: _____