False Alarm Appeal Request Form

Requests for appeal(s) must be filed within twenty (20) business days after the notice of the false alarm fee, revocation, or suspension is issued. All fields must be filled out, including a specific reason(s) (if any) why the false alarm(s) should not be subject to an assessment fee.

(Refer to the False Alarm Appeals Guideline Form for a list of reasons for which appeals are not granted.)

Alarm Customer Name: ____________________________________________

Violation Address: ________________________________________________

Alarm Company: ______________________________________ Your Phone Number: __________________

Date of Alarm: _______________ Alarm Permit Number:____________

Mailing Address (If Different From Violation Address): _________________________

Please explain your reason for your appeal: ____________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I declare under penalty of perjury that the foregoing statement and information provided by me is true and correct.

Signature: __________________________________________ Date: ________________
False Alarm Appeal Guidelines

Humboldt County False Alarm Ordinance, Chapter 6, defines a false alarm as:
"An alarm signal that prompts a response by the Sheriff’s Department when an emergency does not exist."

Appeal Process:

If you would like to appeal a false alarm fee notice submit a written appeal to the Humboldt County Sheriff's Office. Return it to the office within twenty (20) business days after the assessment of false alarm fee, revocation, or suspension is issued. You may file an appeal by using the False Alarm Appeal Request Form or submit a written letter containing the following information:

- Your name, the alarm location, date(s) of the false alarm(s), your permit number.
- A description of the action taken to discover and eliminate the cause of the false alarm(s);
- The specific reason(s) if any, why the false alarm(s) should not be subject to an assessment.

Send your appeal request to:

Humboldt County Sheriff’s Office
Alarm Enforcement
826 4th Street
Eureka, CA 95501

Appeals are NOT generally granted as a result of the following:

1. An occurrence where there was no evidence of criminal or attempted criminal activity present, or there was not a hold-up in progress when the officer arrived on scene.
2. Faulty, defective, or malfunctioning equipment.
3. Improper installation or maintenance by the alarm business.
4. Improper monitoring by the monitoring company.
5. Mistake made by owners, family members, employees, private contractors, maids, cleaning crews, caretakers, maintenance employees, apartment management employees.
6. Alarm activations which occur while alarm technicians are repairing or servicing the alarm system.
7. Items within the home or business which move and cause motion detectors to activate, (i.e. curtains, signs, balloons, pets/rodents/wildlife, etc.).
8. Glass breakage detectors which activate due to noise/sound other than actual glass breakage.
9. Door and/or windows that are loose or become loose and cause a break in the contacts which activate the alarm.
10. Interruption of electrical power supply due to weather, unless outage is more than (4) hours.
11. Pets, rodents, or wildlife movement in or near the home business.
12. Alarms caused by apartment management employees.