



Alarm Administrative Review Form

INSTRUCTIONS

1. Requestor completes section A only.
2. Attach a copy of your alarm system monitoring contract (including terms and conditions).
3. Appeal must be received within 30 days of the invoice date. Late charges cannot be appealed.
4. Return this form to the Citrus Heights Police Department, Alarm Unit at address listed above.
5. Written notification of the disposition on your appeal will be mailed generally within 30 days from receipt of your Review Form.

SECTION A: COMPLAINT INFORMATION

Please print or type information

DATE OF INCIDENT	INCIDENT NUMBER	CH PERMIT NUMBER
ALARM OWNER/USER'S NAME		PHONE #
ALARM OWNER/USER'S ADDRESS # STREET	CITY/TOWN	ZIP CODE
ALARM COMPANY NAME	ACCOUNT #	PHONE#

BRIEF EXPLANATION OF REASON(S) FOR APPEAL:

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SIGNATURE	DATE
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SECTION B: CHPD ADMINISTRATIVE USE

RECEIVED DATE: _____ REVIEWED BY _____

REQUESTING FEES WAIVED YES NO AMOUNT REQUESTED _____

SUPPORTING DOCUMENTATION _____

RECOMMENDATION: APPROVED DENIED (REASON) _____

SUPERVISOR USE:

DISPOSITION: APPROVED DENIED MODIFIED FEE OFFERED PAYMENT PLAN

RECORDS SUPERVISOR: _____ DATE: _____

SUPPORT SERVICES MANAGER: _____ DATE: _____

ACTION: _____ DATE: _____