

# False Alarm Appeal Form

City of Maricopa • Alarm Administrator • 39675 W. Civic Center Plaza South, Maricopa, AZ 85138  
 Phone 520-316-6982 • Email: [alarm@maricopa-az.gov](mailto:alarm@maricopa-az.gov)



Please provide the particulars and reasons(s) for the appeal. You will be notified of the decision in writing within (30) days of the Alarm User's appeal date. Failure to submit an appeal within ten (10) days of the false alarm notification date shall constitute a waiver of the right to contest the assessment of fees or civil penalties.

## Appeal Information

Alarm Permit No.		Incident No.		Appeal Date	
Incident Address					
Name (Alarm User)					
Mailing Address					
Telephone No.		Email			

## Reason for Appeal (Circumstances)


**NOTE: Please attach all documentation you wish to have considered for your appeal, including additional letter of explanation, photographs, documents, etc. Only one (1) false alarm may be appealed per False Alarm Appeal Form.**

I hereby declare:

- I have read and understand the City of Maricopa false alarm Guidelines to Appeal;
- I am the owner of the alarm system or have specific approval of the owner to act as an agent for this appeal; and
- 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.

**Signature:**

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