



## REQUEST TO REVIEW FALSE ALARM FEE

INSTRUCTIONS: Beloit City Ordinance 15.24(4) states that "...there shall be a charge for each response to a false alarm as established in the City Council resolution. The charge shall not be imposed when the false alarm is caused by a **hurricane, tornado, earthquake, fire, electrical system failure, electrical storm or other violent conditions** as determined by the Chief of Police. This form may be utilized to request review of an alarm fee if one of the above circumstances applies. You must contest an alarm fee within 30 days of invoice date per Section 1.15(3) of the Code of General Ordinances of the City of Beloit. Please complete this form and submit your request with a copy of your invoice to the Police Department.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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INVOICE TYPE/CHARGE: \_\_\_\_\_ DATE OF SERVICE: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_ PARCEL ADDRESS: \_\_\_\_\_

REASON FOR REQUESTING REVIEW OF CHARGES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that I am responsible for payment of the contested invoice unless and until I receive written notification that the fee or charge has been changed or removed from my account.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date reviewed by Department : \_\_\_\_\_ By: \_\_\_\_\_

Findings:     Request Denied                       Request Approved

Comments: \_\_\_\_\_

Distribution of form: Sent to     Treasury     Complainant    on \_\_\_\_\_ Date                      by \_\_\_\_\_ Name of Employee