



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: _____

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: <input type="checkbox"/> Request Denied <input type="checkbox"/> Request Approved	
Comments: _____	
Distribution of form: Sent to <input type="checkbox"/> Accounting <input type="checkbox"/> Complainant on _____ by _____	
Date	Name of Employee