

City of Wichita
False Alarm Appeal Form

Only one (1) false alarm may be appealed per False Alarm Appeal Form. A \$10.00 appeal fee is also required for each False Alarm Appeal Form being submitted or else the appeal will be voided.

Alarm User Name: _____ Date: _____

Alarmed Location Address: _____

Alarm Permit (Account) Number: _____ Phone Number: _____

Date of False Alarm Being Appealed: _____

Grounds for Appeal (Check All that Apply):

_____ Weather Related (must include weather report)

_____ Criminal Activity (must include police report and/or pictures of attempted break-in or damage)

_____ Mechanical Malfunction

_____ Alarm Company Error

_____ Utility Failure (must include report from electric, phone and/or cable provider confirming outage)

_____ Other

Explanation (another page may be attached if more space is needed):

NOTE: Additional supporting information must be attached to this form. Please attach all documentation you wish to have considered for your appeal, including additional letter of explanation, photographs, documents, etc.

I hereby declare (initial next to each line):

_____ I have read and understand the City of Wichita false alarm Guidelines to Appeal and included the appeal fee

_____ I am the owner of the alarm system or have specific approval of the owner to act as an agent for this appeal

_____ 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: _____

Printed Name: _____

Mailing Address: _____

Mailing City and State: _____ Mailing Zip Code: _____

City of Wichita Alarm Police Department Attn: Alarm Administrator 455 N Main – 4th Floor Wichita, KS 67202
PH. (316) 268-4196