



**False Alarm Program**  
**Department of Emergency Management**  
 1011 Turk Street, San Francisco, CA 94102  
 (415) 558-3822 Fax (415) 558-3841



## Appeal Request Form

Requests for appeal(s) must be filed within twenty (20) *business days* after the invoice date provided on the notice of false alarm penalty, along with the \$35 filing fee and the full amount of any penalty imposed, plus any accrued interest and costs. *(Payable to the San Francisco Tax Collector)*

Alarm Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Violation Address: \_\_\_\_\_  
 (if different from above)

Cell or other phone: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Alarm License Number: \_\_\_\_\_

Date of alarm: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Please explain your reason for your appeal: \_\_\_\_\_

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I declare under penalty of perjury that the foregoing statement and information provided by me is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_