



**Alarm Services Unit  
 Administrative Fines & Fees Review Form**

**INSTRUCTIONS**

1. Complete section A only.
2. Attach a copy of your alarm system monitoring contract (including terms and conditions).
3. Appeal must be received within 30 days of the invoice date. Late charges cannot be appealed.
4. Return this form to the **Citrus Heights Police Department, Alarm Unit.**
5. Written/email notification of the disposition of your appeal will be mailed/emailed generally within 30 days from receipt of your Review Form.

<b>SECTION A: REQUESTOR INFORMATION</b>	<b>Please print or type information</b>
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DATE OF INCIDENT	INCIDENT NUMBER	CH PERMIT NUMBER
ALARM OWNER/USER'S NAME		PHONE #
ALARM OWNER/USER'S ADDRESS # STREET	CITY/TOWN	ZIP CODE
ALARM COMPANY NAME	ACCOUNT #	PHONE#
OWNER/RESIDENT EMAIL ADDRESS	BALANCE DUE (IF AVAILABLE) \$	

BRIEF EXPLANATION OF REASON(S) FOR REQUEST:     APPEAL     BALANCE INQUIRY     OTHER

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SIGNATURE	DATE
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<b>SECTION B: ADMINISTRATIVE USE</b>	<input type="checkbox"/> BILLABLE <input type="checkbox"/> NOT BILLABLE
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RECEIVED DATE: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_ ID # \_\_\_\_\_

REQUESTING FEES WAIVED  YES  NO AMOUNT REQUESTED WAIVED: \_\_\_\_\_

SUPPORTING DOCUMENTATION:

\_\_\_\_\_

\_\_\_\_\_

RECOMMENDATION:  APPROVED  DENIED (REASON) \_\_\_\_\_

SUPPORT SERVICES SUPERVISOR: \_\_\_\_\_ Date: \_\_\_\_\_

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

MANAGEMENT ANALYST: \_\_\_\_\_ Date: \_\_\_\_\_