



FALSE ALARM BY-LAW B-400 APPEAL

Civic address: _____ Assessment # _____ Cust. # _____
_____ Phone #: _____

Notification/incident #: _____ Date of notification: _____

Name: _____ Alarm/Monitoring Co: _____

Reason for Appeal:

Date: _____

1. ' 5 (2)(a) Alarm was activated by someone not in the direct/indirect control of the alarm property owner, which does not include owner, alarm or monitoring company, or other persons subject to the direct/indirect control of owner. This would include anyone to whom you have given permission to enter your property, install, maintain or monitor your alarm system). Please provide details/documentation available surrounding alarm activation that you believe were outside of your control:

2. ' 5 (2)(b) Alarm was activated by a storm, lightening, etc., or other violent act of nature. Please provide details/documentation (if available) of the event:

3. ' 5 (2)(c) Alarm activation is isolated and due to an electrical or mechanical failure that has been corrected by a qualified contractor or installer. Please provide a brief explanation regarding the alarm activation:

Proof must be provided to support your claim:

- 1. Copy of work order detailing work carried out, which must be **dated and signed** by the service provider and the alarm owner.
- 2. Documented proof that clearly establishes that the service repair was carried out on the equipment component that caused the alarm to activate. Copy of monitoring report for date/time in question if available.
- 3. Please provide details on the alarm system installed on the property.

Location or zone _____ ' Contact sensors _____ ' Motion sensors _____ ' _____

Date of installation: _____ Warranty period: _____

I hereby appeal this false alarm incident:

I hereby appeal this false alarm incident on behalf of the alarm owner:

Y _____
Signature of alarm owner

Y _____
Signature of alarm owner representative

All information provided by the appellant will be confirmed by HRM's own sources. All information provided is kept strictly confidential and will only be used to evaluate the circumstances of the appeal. You will receive a formal written confirmation in 4-6 weeks.

Complete and Return to Halifax Regional Municipality PO Box 1749 Halifax NS B3J 3A5
Attention: Alarm Co-ordinator or fax to 490-4005 (with proof attached)