



County of Santa Cruz

SHERIFF-CORONER

5200 SOQUEL AVE, SANTA CRUZ, CA 95062

(831) 454-7603 FAX: (831) 454-7608

CHRIS CLARK
SHERIFF-CORONER

ALARM APPEAL FORM

INSTRUCTIONS

1. Legibly complete section A only. If more room is needed, please attach additional information or evidence.
2. Appeal must be received within 30 days of the alarm billing.
3. Return to: Sheriff-Coroner, Attn: Alarm Registration Appeal, 5200 Soquel Ave, Santa Cruz, CA 95062
4. You will be notified of the appeal resolution within 30 days.
5. Make a copy of all correspondence for your records.

SECTION A: COMPLAINT INFORMATION

ALARM PERMIT NUMBER	ALARM OWNER/USER'S NAME	DATE & TIME OF INCIDENT
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ALARM OWNER/USER'S ADDRESS (Street No, City/Town, Zip)	Phone Number (with area code)
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BRIEF EXPLANATION OF REASON(S) FOR APPEAL:

I HEREBY DECLARE UNDER PENALTIES OF LAW THAT THE FOREGOING STATEMENTS ARE TRUE.

SIGNATURE

DATE

ADMINISTRATIVE USE ONLY ☐ FEE WAIVED ☐ FEE ADJUSTMENT ☐ FEE VALID
COMMENTS:

Reviewed By

ID No.

DATE