

Name:			Assessment #:
Civic address: (street number, street name, community)			Invoice #:
Phone number:	Current date:	Date of notification:	Notification Ticket #

<p>Reason for appeal:</p> <p>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:</p>
<p>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</p>
<p>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</p>
<p>Proof must be provided to support your claim:</p> <p>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. A copy of your false alarm notification is required to process your false alarm appeal and must be submitted with the Appeal form. False alarm appeals must be received within sixty (60) days of invoice date.</p>

I hereby appeal this false alarm incident:
 Owner: _____

I hereby appeal this false alarm incident on behalf of
 the alarm _____

Signature of owner

Signature of alarm owner representative

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by municipal staff and, if necessary, individuals under service contract with the Halifax Regional Municipality for purposes relating to the administration of the False Alarm By-Law. If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 490-7460 or accessandprivacy@halifax.ca

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 902.490.4005 (with proof attached)