



**KITSAP COUNTY SHERIFF'S OFFICE  
FALSE ALARM APPEAL REQUEST FORM**

Alarm Appeals Administrator  
614 Division Street, MS-37  
Port Orchard, WA 98366  
Email: [kcsorecords@co.kitsap.wa.us](mailto:kcsorecords@co.kitsap.wa.us)

Alarm Monitoring Company / Person Information			
<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Title</b>
<b>Business Name (if applicable)</b>			
<b>Address</b>			<b>Suite/Apt No</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Address of Alarmed Location</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Date of False Alarm(s)</b>			
<b>False Alarm Invoice Number(s)</b>			
<b>Contact Phone Number(s)</b>			
<b>Contact Email Address(es)</b>			

**Identify the Reason(s) for Appeal:**

All appeals are due within 30 calendar days after the date of the notice of administrative penalty was served. Failure to timely submit an appeal is a waiver of the right to appeal the assessment of penalties or other enforcement decision. KCC 6.10.090

Please identify the reason(s) for the appeal, include all relevant facts and provide all supporting documentation.


I hereby declared under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

<b>Signature</b>	<b>Date</b>
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