

Portland Police Bureau Alarm Administration Unit
PO BOX 1867
Portland, Oregon 97207
alarms@police.portlandoregon.gov
(503) 823-0031

FALSE ALARM APPEAL REQUEST FORM

Note: You must complete an appeal form for each false alarm you are appealing. Do not include payment.

***=Required Information. Failure to submit all required information will cause your request to be denied.**

*1. Appellant (name of person or business filing appeal): _____

2. Contact Name (if different than Appellant): _____
First Last

*3. Mailing Address: _____ Unit/Apt. # _____

City State Zip Code

*4. Email Address: _____
The Portland Police Bureau (PPB) and the Hearings Office will contact you by email.

*5. Telephone: (_____) _____

6. Attorney's (if any) Name: _____

7. Attorney's Mailing Address: _____

City State Zip Code

8. Attorney's Email Address: _____

9. Attorney's Phone Number: _____

*10. Date of alarm activation _____

*11. Why do you believe the PPB's decision/determination is invalid or otherwise improper? (Attach additional sheets, up to 15 pages total for the request if needed) False alarm defined in 14B.10.20.R.

12. If your request is late, please explain why. (Attach additional sheets, if needed, but total number of pages from questions 10 and 11 should not exceed 15 pages total):

13. Does your appeal request include an opportunity for oral testimony/argument as a reasonable accommodation for a disability or language barrier? Yes No

By signing below, I certify that all information is true and complete to the best of my knowledge. If Appellant is other than an individual, I certify (by signing below) that I am a duly authorized representative.

*

Signature

Date

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