

Alarm Billing Appeal Form:

If you would like to appeal your false alarm bill please complete the following:

First Name: _____ Last Name: _____

Property Location/Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Invoice Date: _____ **NOTE: Appeal must be filed within 30 days of this invoice date.**

Invoice #: _____

Select One:

- It was not my property
- The Police Department did not respond
- The Fire Department did not respond
- I do not own the property anymore
- Other:

I am renting/leasing the property

You may provide your tenant's information, but at the end of the year it is the property owner's responsibility to pay any outstanding false alarm bills. Any open/unpaid invoices dated between September 1 through August 31 of that current year, that have not been paid by November 1 will be placed on your December tax bill of that current year. Example: an invoice date of 2/18/2013 will appear on your tax bill if not paid by November 1, 2013.

First Name: _____ Last Name: _____

Property Location/Street Address: _____

City: _____ State: _____ Zip Code: _____

Please change my billing address to:

If your billing address is incorrect on your tax bill, please correct in the space provided below:

Address: _____

City: _____ State: _____ Zip Code: _____

When complete, please print, fill out and send with any supporting documentation to:

Village of Westhampton Beach, Alarm Billing, 165 Mill Road, Westhampton Beach, NY 11978
or fax to (631) 288-4332, Attention: Alarm Billing