



Code Enforcement
200 Civic Center Dr.
Vista, CA 92084
(760)639-6141

Email: codeenforcement@cityofvista.com



False Alarm Appeal

To request an appeal, you must fully complete this form and submit it to the City of Vista to the address listed above within **15 business days** of the issuance of the notice of false alarm.

Please print legibly. Please attach a copy of all supporting documents with this appeal form. Any questions or assistance completing this form please contact the City of Vista at 760-639-6141 or APS (Alarm Program Systems) 1-888-865-9770.

Name (Appellant): _____ Account Permit #: VA _____

Date of Invoice : _____ Telephone #: _____

Date of Alarm(s): _____

Mailing Address: _____

Address of False Alarm: _____

Statement of Appeal: Describe why you believe you should not have been penalized and the fines/charges that should be waived. Please be specific and print legibly to ensure your form can be processed appropriately. If any additional space is needed use 2nd page. (Please attach any documents you would like for us to review)

REASON(S) FOR APPEAL: _____

Signature (Appellant) _____ Date _____

City Use Only

Date Request Received: _____ Received by: _____

Received via: Mail Personal Delivery email Other _____

