City of Des Moines False Alarm Fine Appeal

Name: _____
Business Name: _____
Address of the incident: _____
Daytime Phone: _____
Incident Number(s): _____
Reason For Appeal:

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Signature

CAUTION: Any statement made on this form may constitute admission on your part.
RETURN COMPLETED FORM TO THE INFORMATION DESK **OR** MAIL TO Shamin Berk, False Alarm Coordinator DES MOINES POLICE DEPARTMENT, 25 EAST FIRST STREET, DES MOINES, IA 50309-4891.
COMPLETED FORM MUST BE RECEIVED WITHIN **30-DAYS** OF THE ORIGINAL BILL DATE.
If you receive a **"not voided"** decision, you will have 60-days from the original bill date to pay the fine. If the fine is not paid the matter will be sent to a collection agency and/or a municipal infraction will be filed.