



# **THIS IS NOT A BILL**

## **Springdale Fire Department False Alarm Report**

Chief Duane Atha  
 Fire Department Administration  
 Post Office Box 1521  
 417 Holcomb  
 Springdale, AR 72765-1521  
 Phone (501) 751-4510  
 Fax (501) 750-8104

Date : \_\_\_\_\_ Time : \_\_\_\_\_ Incident Number : \_\_\_\_\_

Business/Resident Name : \_\_\_\_\_

Address : \_\_\_\_\_

Person Contacted : \_\_\_\_\_

### **Reason For Alarm**

| Billable Alarms                               | Non-Billable Alarms   |
|---|---|
| Any act or omission by subscriber or employee | Structural damage due to earthquake, high winds, lightening or flooding |
| Faulty equipment                              | Telephone line malfunctions   |
| Equipment not properly maintained or serviced | Electrical service interruption   |
|   |   |

Comments : \_\_\_\_\_

Officer Signature : \_\_\_\_\_

### **Fee Schedule**

| Number of Alarms        | Fee            |
|-------------------------|----------------|
| Third to Tenth Response | \$ 50.00 each  |
| After Tenth Response    | \$ 100.00 each |

**This is not a bill. An invoice will be sent by the  
Springdale Fire Department Administration within 30 days.**

### **Appeals Process**

The person/business to whom the false alarm fee has been assessed has the right to appeal the fee. All appeal hearings must be requested, in writing, by certified or registered mail, directed to Chief of the Springdale Fire Department within seven days after the mailing of the statement of charges for the false alarm. Failure to timely request a hearing shall constitute an admission that the service charge is justified and payable to the City of Springdale and shall further constitute an irrevocable waiver of such hearing.

Original to **Inspection Division**    Yellow to **Administration**    Pink to **Business Representative**