



**POLICE DEPARTMENT
FALSE ALARM REDUCTION UNIT**

FALSE ALARM APPEAL

APPEALS ARE DUE WITHIN 20 DAYS OF THE FALSE ALARM. Please review the guidelines to appeals before completing this form.

Alarm User Name _____

Date of False Alarm _____

Location/Address of the Alarm _____

Permit Number _____

Reason for the appeal _____

Today's Date _____ Signature _____

Please return completed form via mail, e-mail or fax. You will be notified in writing of the decision.

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False Alarm Reduction Unit
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