



Town of  
**STONEHAM**

47 CENTRAL STREET  
MASSACHUSETTS  
02180-2044

POLICE DEPARTMENT  
(781) 438-1212  
FAX (781) 279-0882

**James T. McIntyre**  
Chief of Police

**False Alarm Appeal Form**

*Please return completed form to the Stoneham Police Department – Records Department*

Homeowner/Business name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Invoice number: \_\_\_\_\_

Reason for Appeal (Please complete a separate form for each alarm if appealing multiple alarms):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Police Use Only	
Appeal Approved <input type="checkbox"/>	Appeal Denied <input type="checkbox"/>
Comments: _____	
_____	
-	
Signature _____	Date: _____