James T. McIntyre
Chief of Police

Town of
STONEHAM
47 CENTRAL STREET
MASSACHUSETTS
02180-2044

POLICE DEPARTMENT
(781) 438-1212
FAX (781) 279-9084

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 ☐ Appeal Denied ☐

Comments: _____

_____

Signature _____ Date: _____