



*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: _____

Print: _____

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

Signature _____	Date: _____